

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019080

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: JMC MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

200 CONGRESS PARK DRIVE  
SUITE 100  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

200 CONGRESS PARK DRIVE  
STE. 100  
DELRAY BEACH, FL 33445

**New Mailing Address:**

200 CONGRESS PARK DRIVE  
SUITE 100  
DELRAY BEACH, FL 33445

FEI Number: 65-0997305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRSE, PATRICK S  
200 CONGRESS PARK DRIVE  
STE. 100  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MANDOR, ROBERT  
Address: 200 CONGRESS PARK DRIVE STE 103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D  
Name: MANDOR, LEONARD  
Address: 200 CONGRESS PARK DRIVE STE 103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D  
Name: JACOBSEN, HARVEY  
Address: 200 CONGRESS PARK DRIVE STE 103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VT  
Name: KIRSE, PATRICK S  
Address: 200 CONGRESS PARK DRIVE STE 100  
City-St-Zip: DELRAY BEACH, FL 33445

Title: PS  
Name: CROSBY, CHRISTOPHER  
Address: 200 CONGRESS PARK DRIVE STE 100  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK S KIRSE

VT

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date