

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069432

Entity Name: JAYNE MEDICAL, INC.

Current Principal Place of Business:

500 E UNIVERSITY AVE STE A
GAINESVILLE, FL 32601

Current Mailing Address:

500 E UNIVERSITY AVE. SUITE A
GAINESVILLE, FL 32601

FEI Number: 04-3765511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE STE A
GAINESVILLE, FL 32601 US

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

Officer/Director Detail :

Title D
Name PERRY, KIMBERLY S
Address 7423 N.W. 18TH AVE
City-State-Zip: GAINESVILLE FL 32605

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: KIMBERLY S. PERRY

PRESIDENT

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date