

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000084094

Entity Name: MJM HEALTH SERVICES, INC.

Current Principal Place of Business:

4438 CHIPPEWA DRIVE
JACKSONVILLE, FL 32210

Current Mailing Address:

4438 CHIPPEWA DR
JACKSONVILLE, FL 32210 US

FEI Number: 46-1293363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, VIVIAN M
4438 CHIPPEWA DR
JACKSONVILLE, FL 32210 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 P
Name GALLO, VIVIAN M
Address 4438 CHIPPEWA DR
City-State-Zip: JACKSONVILLE FL 32210

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: VIVIAN M. GALLO, ESQ.

PRINCIPAL

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date