

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000672

FILED
Apr 21, 2004
Secretary of State

Entity Name: JJS HEALTHCARE PROPERTIES, INC.

Current Principal Place of Business:

610 NEWPORT CENTER DRIVE, SUITE 1150
NEWPORT BEACH, CA 92660

New Principal Place of Business:

610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660 US

Current Mailing Address:

610 NEWPORT CENTER DRIVE, SUITE 1150
NEWPORT BEACH, CA 92660

New Mailing Address:

610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660 US

FEI Number: 33-0853532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREWS, R. BRUCE
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VDAS () Delete
Name: DESMOND, MARK L
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VS () Delete
Name: BRADLEY, DON B
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VAS () Delete
Name: SHEEHAN, JOHN J JR.
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VAS () Delete
Name: INSOFT, STEVEN J
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK L. DESMOND

VDAS

04/21/2004

Electronic Signature of Signing Officer or Director

Date