


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90064 025 ***158.75

DOCUMENT # L90638	
1. Entity Name J & M MEDICAL CONSULTANTS, INC.	

Principal Place of Business 9690 ASHLEY DR MIRAMAR FL 33025	Mailing Address 9590 ASHLEY DR MIRAMAR FL 33025
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24042000



MOORE CR2E034 (11/03)

2. Principal Place of Business 15653 82ND LANE North	3. Mailing Address same AS
Suite, Apt. #, etc. Loxahatchee	Suite, Apt. #, etc. opposite
City & State FLORIDA	City & State FLORIDA
Zip 33470-2824	Country USA

4. FEI Number 65-0215720	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALLAHAN, JEFFREY R, ESQUIRE 249 WESTWARD DRIVE MIAMI SPRINGS FL 33166
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUART, JEFFREY M. 9590 ASHLEY DR MIRAMAR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE R. EUART 15653 82ND LANE North Loxahatchee, FL 33470-2824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUART, JOANNE R 9590 ASHLEY DR MIRAMAR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFREY M. EUART 15653 82ND LANE North Loxahatchee, FL 33470-2824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne R. Euart **JOANNE R. EUART** 2-23-04 (561) 383-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #