

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059202

FILED
Apr 02, 2004
Secretary of State

Entity Name: JURIS MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

5639 PADDOCK TRAIL DR
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5639 PADDOCK TRAIL DR
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3733055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, GRACIELA
5639 PADDOCK TRAIL DR
TAMPA, FL 33624

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: S () Delete
Name: LESIEUR, SANDRA
Address: 2241 GROVELAND DR
City-St-Zip: LUTZ, FL 33549

Title: P () Delete
Name: PARRISH, GRACIELA
Address: 5639 PADDOCK TRAIL DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SANDRA LESIEUR

S

04/02/2004

Electronic Signature of Signing Officer or Director

_____ Date