

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 039 ***150.00

DOCUMENT # P02000002273 1. Entity Name JSJ OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 4341 WOODBINE RD. C PACE, FL 32571			Mailing Address 4341 WOODBINE RD. C PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0005754	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCHARD, R. LANE 1807 ALHAMBRA ST. NAVARRE, FL 32566			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 reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JALOMO, DEMETRIO T 5620 WHISPERING WOODS DR. PACE, FL 32571	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALOMO, LEANN S 5620 WHISPERING WOODS DR. PACE, FL 32571	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WENDA Y 1115 SEABREEZE LN. GULF BREEZE, FL 32561	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Wenda Sullivan, PharmD</u> 3/12/07 850-994-9444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40041486



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Applied For
Not Applicable

FL Zip Code