

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016685

Entity Name: AJM MEDICAL CARE, INC.

FILED  
Jan 25, 2005  
Secretary of State

## Current Principal Place of Business:

2231 NORTH BLVD. WEST  
DAVENPORT, FL 33837

## New Principal Place of Business:

280 PATTERSON RD  
2  
HAINES CITY, FL 33844 US

## Current Mailing Address:

2231 NORTH BLVD. WEST  
DAVENPORT, FL 33837

## New Mailing Address:

280 PATTERSON RD  
2  
HAINES CITY, FL 33844 US

FEI Number: 01-0593164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBINSKI, RONNIE  
2231 NORTH BLVD. WEST  
DAVENPORT, FL 33837 US

## Name and Address of New Registered Agent:

DUBINSKI, RONNIE  
280 PATTERSON RD.  
2  
HAINES CITY, FL 33844 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: RONNIE DUBINSKI

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAURELLO, LAWRENCE  
Address: 1615 BERKLEY AVE.  
City-St-Zip: BALDWIN, NY 11510

Title: D ( ) Delete  
Name: DUBINSKI, ALEXANDER  
Address: 8236 LEXINGTON VIEW LANE  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: DUBINSKI, ALEXANDER  
Address: 280 PATTERSON RD., SUITE 2  
City-St-Zip: HAINES CITY, FL 33844 US

Title: P ( ) Change (X) Addition  
Name: DUBINSKI, RONNIE P  
Address: 280 PATTERSON RD., SUITE 2  
City-St-Zip: HAINES CITY, FL 33844 US

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: RONNIE DUBINSKI

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date