


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000040717

1. Entity Name
JEM HEALTHCARE ASSOCIATES, INC.



Principal Place of Business Mailing Address

**4674 DEVONSHIRE BLVD.
 PALM HARBOR, FL 34685** **4674 DEVONSHIRE BLVD.
 PALM HARBOR, FL 34685**

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
03-0438711 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATTEA, JUDITH A
 4674 DEVONSHIRE BLVD.
 PALM HARBOR, FL 34685**

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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, which retreating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTEA, JUDITH A
STREET ADDRESS	4674 DEVONSHIRE BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	MATTEA, EDWARD J
STREET ADDRESS	4674 DEVONSHIRE BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000306471
 04/15/05-80016-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Judith A. Mattea Date: 4/15/05 Daytime Phone #: 727-938-6484

Judith A. Mattea