


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000040717**  
 1. Entity Name  
**JEM HEALTHCARE ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**4674 DEVONSHIRE BLVD.**      **4674 DEVONSHIRE BLVD.**  
**PALM HARBOR, FL 34685**      **PALM HARBOR, FL 34685**



04192006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 Judith A. Mattea      DATE 4/26/06  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

UN0000549345  
 05/13/06-80017-015 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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: Judith Mattea      Date 4/26/06      Daytime Phone # 727-251-7841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR