

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105219

FILED
Feb 06, 2004
Secretary of State

Entity Name: JNS MEDICAL CONSULTING CORP.

Current Principal Place of Business:

13938 75TH AVE. NORTH
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3377
SEMINOLE, FL 33775

New Mailing Address:

13938 75TH AVE. NORTH
SEMINOLE, FL 33776

FEI Number: 13-4214607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, JUDITH
13938 75TH AVE. NORTH
SEMINOLE, FL 33776 US

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: P () Delete
Name: MORAN, JUDITH
Address: 13938 75TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: VST () Delete
Name: MORAN, JAMES JR
Address: 13938 75TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 33776

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: JUDITH MORAN

D

02/06/2004

Electronic Signature of Signing Officer or Director

Date