

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007905

Entity Name: JAY MEDICAL GROUP, INC.

FILED
Aug 30, 2004
Secretary of State

Current Principal Place of Business:

1283 LAKE DEESON POINTE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1283 LAKE DEESON POINTE
LAKELAND, FL 33805

New Mailing Address:

316,PARKVIEW PLACE
LAKELAND, FL 33805

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
OWENS LAW GROUP, P.A.
811-B CYPRESS VILLAGE BOULEVARD
RUSKIN, FL 33573 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: PST () Delete
Name: SINGH, JAPINDER
Address: 1283 LAKE DEESON POINTE
City-St-Zip: LAKELAND, FL 33805

Title: VD () Delete
Name: SINGH, JAPINDER
Address: 1283 LAKE DEESON POINTE
City-St-Zip: LAKELAND, FL 33805

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: J.SINGH

PRES

08/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date