## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000024865

Entity Name: OJT MEDICAL SERVICES, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5237 CREEKSIDE TRAIL SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

5237 CREEKSIDE TRAIL SARASOTA, FL 34243

FEI Number: 20-0978621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, JOHN L
200 S. ORANGE AVE.
SARASOTA, FL 34236 US
LINDSEY, JETH T
5726 FORESTER LAKE DRIVE
SARASOTA, FL 34243 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: JETH T. LINDSEY 04/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JENKINS, KATHLEEN MD
 Name:

 Address:
 5237 CREEKSIDE TRAIL
 Address:

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 O'CONNOR, GARY
 Name:

 Address:
 19142 HIAWATHA RD
 Address:

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:

Title: TS ( ) Delete Title: TS (X) Change ( ) Addition

 Name:
 LINDSEY, THORIN
 Name:
 LINDSEY, JETH T

 Address:
 5726 FORESTER LAKE DR
 Address:
 5726 FORESTER LAKE DR

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JETH T. LINDSEY TS 04/21/2006