2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# P06000134115

Entity Name: JM HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

9720 PINE TRAIL COURT
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

9720 PINE TRAIL COURT
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5769422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
909 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MCGUINNESS, JENNIFER P
Address: 9720 PINE TRAIL COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: VP
Name: MCGUINNESS, JENNIFER P
Address: 9720 PINE TRAIL COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: SEC
Name: MCGUINNESS, JENNIFER P
Address: 9720 PINE TRAIL COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: TREA
Name: MCGUINNESS, JENNIFER P
Address: 9720 PINE TRAIL COURT
City-St-Zip: LAKE WORTH, FL 33467

Title: DIRE
Name: MCGUINNESS, JENNIFER P
Address: 9720 PINE TRAIL COURT
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER MCGUINNESS PSTD 02/03/2011

Electronic Signature of Signing Officer or Director Date