

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000043401

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** HYPERJAX BIOMEDICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

713 TROTWOOD TRACE COURT  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

713 TROTWOOD TRACE COURT  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 20-8808268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YONG, FRANK J  
4570 ST. JOHNS AVENUE, SUITE 1A  
JACKSONVILLE, FL 32210 US

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

YONG, FRANK J  
4575 ST. JOHNS AVENUE, SUITE 4  
JACKSONVILLE, FL 32210 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:

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DOMINGUEZ, LEONEL  
Address: 713 TROTWOOD TRACE CT.  
City-St-Zip: JACKSONVILLE, FL 32259

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: LEONEL DOMINGUEZ

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date