

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062644

Entity Name: TMS OF JAX INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

13402 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223

New Principal Place of Business:

10003 NEW KINGS RD
JACKSONVILLE, FL 32209

Current Mailing Address:

13402 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223

New Mailing Address:

10003 NEW KINGS RD
JACKSONVILLE, FL 32209

FEI Number: 56-2667668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOK, MARIAM AKEL
13402 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223 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/D () Delete
Name: SOK, MARIAM AKEL
Address: 13402 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: SOK, SYI
Address: 13402 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

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 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: MARIAM AKEL SOK

P/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date