2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# P08000098330

Entity Name: BWJ MEDICAL SERVICES, INC

Current Principal Place of Business:

1000 NW 130TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1000 NW 130TH TERRACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 80-0298011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BARRON W MD
1000 NW 130TH TERRACE
SUNRISE, FL 33323 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: P
Name: JOHNSON, BARRON W MD
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: MGR
Name: JOHNSON, SANDRA M MGR
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: CEO
Name: JOHNSON, BARRON W CEO
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: CFO
Name: JOHNSON, BARRON W CFO
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: JOHNSON, SANDRA M T
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: JOHNSON, SANDRA M S
Address: 1000 NW 130TH TERRACE
City-St-Zip: SUNRISE, FL 33323

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: BARRON W. JOHNSON P 03/30/2012

Electronic Signature of Signing Officer or Director Date