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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000022014 (1)

1. Corporation Name
J.D.M. MEDICAL, INC.



Principal Place of Business

Mailing Address

~~4774 HIGHWAY 90 WEST~~
~~PACE FL 32571~~

~~4774 HIGHWAY 90 WEST~~
~~PACE FL 32571-1450~~

2. Principal Place of Business

2a. Mailing Address

21 **6671 Caroline St.**
 Suite, Apt. #, etc.

26 **P.O. Box 1064**
 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Milton, FL**

28 **Pace, FL**

24 Zip **32571**

25 Country **Santa Rosa**

29 Zip **32571**

30 Country **Santa Rosa**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, JACK
~~4774 HIGHWAY 90 WEST~~ **PO Box 1064**
PACE FL 32571

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **MCDONALD, JACK D**
 STREET ADDRESS **4651 HAMILTON BRIDGE ROAD**
 CITY-ST-ZIP **PACE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **Sharon K. McDonald**
 2.3 STREET ADDRESS **4651 Hamilton Bridge Rd.**
 2.4 CITY-ST-ZIP **Pace, FL 32571**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack D McDonald *Sharon K McDonald*

5/1/97

94-983-0011

CR2E034 (9/96)