

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 025 ***150.00

| | | | |
|--|---------|--|---------|
| DOCUMENT # P95000022014 | | | |
| 1. Entity Name J.D.M. MEDICAL, INC. | | | |
| Principal Place of Business 4562 CHUMUCKLA HWY. MILTON FL 32571 US | | Mailing Address P.O. BOX 1064 PACE FL 32571 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



94053676



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|--|
| 4. FEI Number 62-1606496 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCDONALD, JACK 4562 CHUMUCKLA HWY PACE FL 32571 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCDONALD, JACK D 4651 HAMILTON BRIDGE ROAD PACE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T McDonald, Jack D., Jr. 400 West Mallory St. Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCDONALD, SHARON K 4651 HAMILTON BRIDGE RD. PACE FL 32571 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon K McDonald **4/5/04** **850-995-0382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #