


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # P95000022014 1. Entity Name J.D.M. MEDICAL, INC.	
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Principal Place of Business 4562 CHUMUCKLA HWY MILTON, FL 32571 US	Mailing Address P.O. BOX 1064 PACE, FL 32571 US
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DO NOT WRITE IN THIS SPACE



07072007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

MCDONALD, JACK
 4562 CHUMUCKLA HWY
 PACE, FL 32571

DO NOT WRITE IN THIS SPACE

8. 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 _____

000000771325
 08/10/07-80005-019 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, JACK D 4651 HAMILTON BRIDGE ROAD PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, SHARON K 4651 HAMILTON BRIDGE RD. PACE, FL 32571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 8/10/07 DAYTIME PHONE #: (850) 995-0382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR