

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022014

Entity Name: J.D.M. MEDICAL, INC.

FILED
Feb 01, 2009
Secretary of State

Current Principal Place of Business:

4562 CHUMUCKLA HWY
MILTON, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1064
PACE, FL 32571 US

New Mailing Address:

FEI Number: 62-1606496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, JACK
4562 CHUMUCKLA HWY
PACE, FL 32571 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 () Delete
Name: MCDONALD, JACK D
Address: 4651 HAMILTON BRIDGE ROAD
City-St-Zip: PACE, FL

Title: S () Delete
Name: MCDONALD, SHARON K
Address: 4651 HAMILTON BRIDGE RD.
City-St-Zip: PACE, FL 32571

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: JACK D MCDONALD

PRES

02/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date