

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 19, 2012  
Secretary of State**

DOCUMENT# P95000022014

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

**Current Principal Place of Business:**

4562 CHUMUCKLA HWY  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

4562 CHUMUCKLA HWY  
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 D  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDONALD, JACK D  
Address: 4651 HAMILTON BRIDGE ROAD  
City-St-Zip: PACE, FL 32571

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

Title: VP  
Name: MCDONALD, JACK D JR  
Address: 8800 PINE FOREST RD. APT. 8204  
City-St-Zip: PENSACOLA, FL 32534

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: SHARON K MCDONALD

S

07/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date