

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000055752

Entity Name: JLG MEDICAL, INC.

FILED
Aug 03, 2006
Secretary of State

Current Principal Place of Business:

141 STEVENS AVENUE
SUITE 15
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25104
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 59-3355182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, GISELE M
141 STEVENS AVENUE
SUITE 15
OLDSMAR, FL 34677 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 () Delete
Name: GAY, GISELE M
Address: 141 STEVENS AVENUE STE 15
City-St-Zip: OLDSMAR, FL 34677 US

Title: S () Delete
Name: WILLIAMS, PHIL
Address: 141 STEVENS AVENUE STE 15
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, PHILIP W
Address: 141 STEVENS AVENUE STE 15
City-St-Zip: OLDSMAR, FL 34677 US

Title: S (X) Change () Addition
Name: GAY, GISELLE M
Address: 141 STEVENS AVENUE STE 15
City-St-Zip: OLDSMAR, FL 34677 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP W WILLIAMS

P

08/03/2006

Electronic Signature of Signing Officer or Director

Date