2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000040374

1. Entity Name
J & S MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
1310 OLIVE LAKELAND, FL 33815 US	1310 OLIVE LAKELAND, FL 33815 US

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3376459	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, SHELDON
3565 SANDPIPER LANE
MULBERRY, FL 33860

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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 X _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE 3/29/06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, SHELDON
STREET ADDRESS	3565 SANDPIPER LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	DV
NAME	RODDY, GERALD L JR
STREET ADDRESS	1715 DUFF RD
CITY-ST-ZIP	LAKELAND, FL 33809

U00000489389
04/18/06-80014-008 150.00

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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: _____ SHELDON STONE   3/29/06   863 6437160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #