

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000060576 (1)

1. Corporation Name

JANMED SERVICES, INC.

FILED  
May 27 1998 8:00am  
Secretary of State



Principal Place of Business

527 COPPITT DRIVE SOUTH  
ORANGE PARK FL 32073

Mailing Address

527 COPPITT DRIVE SOUTH  
ORANGE PARK FL 32073

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 City & State

24 Zip

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

WOODARD, JANICE M  
527 COPPITT DRIVE SOUTH  
ORANGE PARK FL 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODWARD, JANICE M 527 COPPITT DR S ORANGE PARK FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TISON, ANNA G 372 E COLLEGE AVE ASHBURN GA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TISON, ERWIN J 372 E COLLEGE AVE ASHBURN GA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 WOODARD, EARL G 527 COPPITT DR SOUTH ORANGE PARK FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WOODARD, JANICE M.</b>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3000002538593</b>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-05/28/98--01024--040</b>	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>***150.00</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fax: 6. Woodward

4/30/98 901-215-0285