


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000101977		
1. Entity Name JNI MEDICAL SERVICES, INC.		
Principal Place of Business 49 W. SEMINOLE STREET SUITE 201 STUART, FL 34994	Mailing Address 49 W. SEMINOLE ST STE. #201 STUART, FL 34994 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WAYNE OTTO-FITZDOM CPA 18890 SW 272 ST HOMESTEAD, FL 33031		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CALLAHAN, JILL 49 W SEMINOLE ST., SUITE #201 STUART, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERZIAN, NELSON 49 W SEMINOLE ST., SUITE #201 STUART, FL	
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12. 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 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: <u>Jill Callahan</u> <u>Jill Callahan</u>		2/10/04 (772) 287-8011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Office Daytime Phone #</small>



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0716157

Applied For
Not Applicable

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

000000050374
02/15/04-80007-020 150.00

**DO NOT WRITE
IN THIS SPACE**