


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90122 032 ***150.00

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
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50029569



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WAYNE OTTO-FITZDOM CPA 19890 SW 272 ST HOMESTEAD, FL 33031	
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7. Name and Address of New Registered Agent Gene Cochran 165 Bent Tree Drive Palm Beach Gardens FL 33418	
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4. FEI Number 65-0716157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: <u><i>Gene Cochran</i></u> DATE: <u>3-18-05</u> <small>Signature, typed or printed name of registered agent and LLC, if applicable. (NOTE: Registered Agent signature required when constituting)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CALLAHAN, JILL 49 W SEMINOLE ST., SUITE #201 STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERZIAN, NELSON 49 W SEMINOLE ST., SUITE #201 STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Jill Callahan</i></u> Jill Callahan DATE: <u>3-18-05</u> DAYTIME PHONE: <u>(772) 287-8011</u>
