

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90080 001 ***150.00

DOCUMENT # P98000036121

1. Entity Name

BARNABAS MEDICAL SERVICES, INC.

Principal Place of Business

**6161 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211**

Mailing Address

**6161 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211**

2. Principal Place of Business

6720 Arlington Express

3. Mailing Address

6720 Arlington Express

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32211

Zip

Country

32211

4. FEI Number

59-3507090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, ROSS C SR
 14122 CRYSTAL COVE DRIVE
 JACKSONVILLE FL**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D BURNAY, DAWN**
 STREET ADDRESS **6161 ARLINGTON EXPRESSWAY**
 CITY-ST-ZIP **JAX FL 33211**

TITLE ☐ Delete
 NAME **D JENKINS, ROSS C**
 STREET ADDRESS **14122 CRYSTAL COVE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME **D BURNAY, JAMES**
 STREET ADDRESS **1385 BROOKWOOD FOREST BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **James Burney**
 STREET ADDRESS **9536 Princeton Square Apt 1701**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn Burney / DAWN Burney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 9047201811
 Date Daytime Phone #

CR2E034 (9/01)