

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036121

FILED  
May 02, 2005  
Secretary of State

Entity Name: BARNABAS MEDICAL SERVICES, INC.

## Current Principal Place of Business:

7334 LEM TURNER RD  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

6721 NORWOOD AVE  
10  
JACKSONVILLE, FL 32208

## Current Mailing Address:

7334 LEM TURNER RD  
JACKSONVILLE, FL 32208

## New Mailing Address:

6721 NORWOOD AVE  
10  
JACKSONVILLE, FL 32208

FEI Number: 59-3507090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

JENKINS, ROSS C SR  
726 GINA DR  
JACKSONVILLE, FL 32208 US

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:

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BURNEY, DAWN  
Address: 7334 LEM TURNER RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: JENKINS, ROSS C  
Address: 14122 CRYSTAL COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: BURNEY, JAMES  
Address: 9710 MAYVILLE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BURNEY, DAWN  
Address: 6721 NORWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change ( ) Addition  
Name: JENKINS, ROSS C  
Address: 726 GINA DR  
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN BURNEY

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date