

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036121

FILED
Apr 29, 2007
Secretary of State

Entity Name: BARNABAS MEDICAL SERVICES, INC.

Current Principal Place of Business:

6721 NORWOOD AVE
10
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

6721 NORWOOD AVE
10
JACKSONVILLE, FL 32208

New Mailing Address:

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
726 GINA DR
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

HOLMES, GLENN E
8318 HEDGEWOOD DR.
JACKSONVILLE, FL 32216 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: GEH

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLMES, GLENN E
Address: PO BOX 551430
City-St-Zip: JACKSONVILLE, FL 32255

Title: D (X) Change () Addition
Name: BURNEY, JAMES
Address: 3730-G CRESWICK CIRCLE
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DR.

04/29/2007

Electronic Signature of Signing Officer or Director

Date