

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036121

FILED
Apr 30, 2008
Secretary of State

Entity Name: BARNABAS MEDICAL SERVICES, INC.

Current Principal Place of Business:

6721 NORWOOD AVE
10
JACKSONVILLE, FL 32208

Current Mailing Address:

6721 NORWOOD AVE
10
JACKSONVILLE, FL 32208

New Principal Place of Business:

1760 W. EDGEWOOD AVE
B
JACKSONVILLE, FL 32208

New Mailing Address:

1760 W. EDGEWOOD AVE
B
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:

HOLMES, GLENN E
8318 HEDGEWOOD DR.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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:

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: HOLMES, GLENN E
Address: PO BOX 551430
City-St-Zip: JACKSONVILLE, FL 32255

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURNEY, DAWN
Address: 1760 W EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

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

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

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date