## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000036121

FILED Apr 28, 2009 Secretary of State

Entity Name	: BARNABA	S MEDICAL SERVICES, IN	C.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1760 W. EDGEWOOD AVE					
B JACKSONVI	LLE, FL 3220	08			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1760 W. EDG	GEWOOD AV	Œ			
JACKSONVI	LLE, FL 3220	08			
FEI Number: 59	9-3507090	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
HOLMES, GI 8318 HEDGE JACKSONVI		6 US			
The above na in the State o		ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE					
	Electroni	c Signature of Registered A	gent	Date	
Election Camp	aign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: E	D () I BURNEY, DAWN 1760 W EDGEW		Name: BURNEY, DA	(X) Change ()Addition \WN B D SEWOOD AVE	

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 () Delete Title: (X) Change ( ) Addition HOLMES, GLENN E HOLMES, GLENN E D Name: Name: Address: PO BOX 551430 Address: PO BOX 551430 JACKSONVILLE, FL 32255 JACKSONVILLE, FL 32255 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition

Name: BURNEY, JAMES Name: BURNEY, JAMES D Address: 3730-G CRESWICK CIRCLE Address: 3730-G CRESWICK CIRCLE City-St-Zip: ORANGE PARK, FL 32065 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 B. JENKINS D 04/28/2009