


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000082219		
1. Entity Name J. ROSS MEDICAL, INC.		
Principal Place of Business 3000 E. SUNRISE BLVD, STE. 10-C FT. LAUDERDALE, FL 33304	Mailing Address 3000 E. SUNRISE BLVD, STE. 10-C FT. LAUDERDALE, FL 33304	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PYE, THOMAS G ESQ 23 N.W. 33 COURT STE. 5 GAINESVILLE, FL 32607		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas Pye</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROSS, JOHN W 3000 E. SUNRISE BLVD, STE. 10-C FT. LAUDERDALE, FL 33304	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>John V. Ross</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-24-06 Date Daytime Phone #



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0864398	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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02/07/06-80033-018 158.75

**DO NOT WRITE
IN THIS SPACE**