

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91239 007 ***150.00

DOCUMENT # P99000004611

1. Entity Name
FIRST MED FINANCIAL GROUP, INC.



Principal Place of Business
**4932 NW 119TH TERRACE
CORAL SPRINGS, FL 33076**

Mailing Address
**4932 NW 119TH TERRACE
CORAL SPRINGS, FL 33076**

64007104

2. Principal Place of Business
17744 121st Terrace N.

3. Mailing Address
17744 121st Terrace N.



04302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jupiter, FL

City & State
Jupiter, F

4. FEI Number
65-0889245

Applied For
Not Applicable

Zip
33476 Country
USA

Zip
33476 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENKINS, MARTIN D
4932 NW 119TH TERRACE
CORAL SPRINGS, FL 33076
17744 121st Terrace North
Jupiter, FL 33476**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JENKINS, MARTIN D
4932 NW 119TH TERRACE 17744 121st Terr N.
CORAL SPRINGS, FL 33076 Jupiter, FL 33476**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Martin D Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 561-575-0276
Date Daytime Phone #