


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000019080 1. Entity Name JMC MEDICAL ASSOCIATES, INC.	
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Principal Place of Business 1000 NW 15TH ST BOCA RATON, FL 33486	Mailing Address 200 CONGRESS PARK DRIVE STE. 100 DELRAY BEACH, FL 33445
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRSE, PATRICK D 200 CONGRESS PARK DRIVE STE. 100 DELRAY BEACH, FL 33445
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**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 _____
Signature typed or printed name of registered agent and (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHERNAK, MICHAEL 1000 NW 15TH ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDOR, LEONARD 200 CONGRESS PARK DRIVE STE 103 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSEN, HARVEY 200 CONGRESS PARK DRIVE STE 103 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KIRSE, PATRICK S 1000 NW 15TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CROSBY, CHRISTOPHER 200 CONGRESS PARK DRIVE STE 103 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/29/04-80125-016 150.00

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: Patrick Kirse, CFO 4/28/04 561-361-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #