
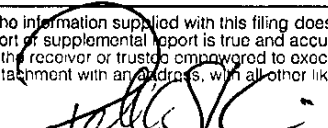


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|  |  |                     |   |  |  |
|--|--|---------------------|---|--|--|
| <b>DOCUMENT # P99000019080</b><br>1. Entity Name<br><b>JMC MEDICAL ASSOCIATES, INC.</b>  |  |                     |   |   |  |
| Principal Place of Business<br><b>200 CONGRESS PARK DRIVE<br/>SUITE 100<br/>DELRAY BEACH, FL 33445</b>   |  |                     | Mailing Address<br><b>200 CONGRESS PARK DRIVE<br/>STE. 100<br/>DELRAY BEACH, FL 33445</b>                           |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |  |  |
| City & State   |  | City & State        |   | 4. FEI Number<br><b>65-0997305</b>   |  |
| Zip  |  | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KIRSE, PATRICK S<br/>200 CONGRESS PARK DRIVE<br/>STE. 100<br/>DELRAY BEACH, FL 33445</b>   |  |                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code         </span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MANDOR, ROBERT<br>200 CONGRESS PARK DRIVE STE 103<br>DELRAY BEACH, FL 33445       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MANDOR, LEONARD<br>200 CONGRESS PARK DRIVE STE 103<br>DELRAY BEACH, FL 33445      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JACOBSEN, HARVEY<br>200 CONGRESS PARK DRIVE STE 103<br>DELRAY BEACH, FL 33445     |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>KIRSE, PATRICK S<br>200 CONGRESS PARK DRIVE STE 100<br>DELRAY BEACH, FL 33445    |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 00000075287 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/21/07-80034-013 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>CROSBY, CHRISTOPHER<br>200 CONGRESS PARK DRIVE STE 100<br>DELRAY BEACH, FL 33445 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |                     |   |  |  |
| <b>SIGNATURE:</b>   |  |                     | 4/23/07 5613616608  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |                     | <small>Date Daytime Phone #</small>   |  |  |