

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019080

1. Entity Name
JMC MEDICAL ASSOCIATES, INC.



Principal Place of Business
200 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445

Mailing Address
200 CONGRESS PARK DRIVE
STE. 100
DELRAY BEACH, FL 33445

FILED
Feb 25, 2008 08:00 AM
Secretary of State



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0997305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIRSE, PATRICK S
200 CONGRESS PARK DRIVE
STE. 100
DELRAY BEACH, FL 33445

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000836321
03/04/08-80012-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MANDOR, ROBERT
STREET ADDRESS 200 CONGRESS PARK DRIVE STE 103
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D
NAME MANDOR, LEONARD
STREET ADDRESS 200 CONGRESS PARK DRIVE STE 103
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D
NAME JACOBSEN, HARVEY
STREET ADDRESS 200 CONGRESS PARK DRIVE STE 103
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE VT
NAME KIRSE, PATRICK S
STREET ADDRESS 200 CONGRESS PARK DRIVE STE 100
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE PS
NAME CROSBY, CHRISTOPHER
STREET ADDRESS 200 CONGRESS PARK DRIVE STE 100
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08
Date

Daytime Phone #