2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P99000039751

Entity Name: M J ASSOCIATES HEALTHCARE CONSULTING, INC.

Current Principal Place of Business:

2390 BEACH DRIVE
SUITE 101
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

2390 BEACH DRIVE
SUITE 101
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 65-0924252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBROOM, BARRY D
3201 NE LAKE SEBRING DR.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MCBROOM, BARRY D
3201 SPARKLING DR.
SEBRING, FL 33870 US

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.

SIGNATURE: BARRY D. MCBROOM 01/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCBROOM, BARRY
Address: 3201 NE LAKE SEBRING DR.
City-St-Zip: SEBRING, FL 33870

Title: SD ( ) Delete
Name: JENSEN, DAVID
Address: 1617 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCBROOM, BARRY
Address: 3201 SPARKLING DR.
City-St-Zip: SEBRING, FL 33870

Title: SD (X) Change ( ) Addition
Name: JENSEN, DAVID
Address: 2581 LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY D. MCBROOM PD 01/05/2005
Electronic Signature of Signing Officer or Director Date