

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 12, 2006
Secretary of State**

DOCUMENT# F94000002059

Entity Name: EASTERN MEDICAL SYSTEMS, INC.

Current Principal Place of Business:231 W PALM DRIVE
FLORIDA CITY, FL 33034 US**New Principal Place of Business:****Current Mailing Address:**11020 PEMBROKE ROAD.
PMB 157
MIRAMAR, FL 33025**New Mailing Address:**

FEI Number: 65-0448969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MICHEL, JEAN-LUC
11020 PEMBROKE ROAD
PMB 157
MIRAMAR, FL 33025 US**Name and Address of New Registered Agent:**MICHEL, JEAN-LUC MD
11020 PEMBROKE ROAD
PMB 157
MIRAMAR, FL 33025 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: JEAN LUC MICHEL, MD

12/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: MICHEL, IMMACULA T MD
Address: 3160 S UNIVERSITY DR
City-St-Zip: MIRAMAR, FL 33025Title: CEO () Delete
Name: TESSIER, LECLERC
Address: 3160 S UNIVERSITY DR
City-St-Zip: MIRAMAR, FL 33025Title: MS () Delete
Name: MICHEL, DOREEN MD
Address: 13104SW 25 PLACE
City-St-Zip: DAVIE, FL 33325Title: MD () Delete
Name: GERVAIS, MARIE
Address: 11020 PEMBROKE ROAD STE 157
City-St-Zip: MIRAMAR, FL 33025**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: MICHEL, IMMACULA T MD
Address: 13104 SW 25 PLACE
City-St-Zip: DAVIE, FL 33325Title: DIR (X) Change () Addition
Name: FAUSTIN, LOURDES M MD
Address: 13104 SW 25 PLACE
City-St-Zip: DAVIE, FL 33325Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TREA (X) Change () Addition
Name: GERVAIS, MARIE C
Address: 11020 PEMBROKE ROAD STE 157
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEAN LUC MICHEL, MD

AG

12/12/2006

Electronic Signature of Signing Officer or Director

Date