

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 19, 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 MD  
11020 PEMBROKE ROAD  
PMB 157  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MICHEL, IMMACULA T MD  
Address: 13104 SW 25 PLACE  
City-St-Zip: DAVIE, FL 33325

Title: DIR ( ) Delete  
Name: FAUSTIN, LOURDES M MD  
Address: 13104 SW 25 PLACE  
City-St-Zip: DAVIE, FL 33325

Title: MS ( ) Delete  
Name: MICHEL, DOREEN MD  
Address: 13104SW 25 PLACE  
City-St-Zip: DAVIE, FL 33325

Title: TREA ( ) Delete  
Name: GERVAIS, MARIE C  
Address: 11020 PEMBROKE ROAD STE 157  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MICHEL, JEAN-LUC MD  
Address: 13104 SW 25 PLACE  
City-St-Zip: DAVIE, FL 33325

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MS (X) Change ( ) Addition  
Name: BASTIEN, ADELINE  
Address: 11020 PEMBROKE ROAD STE 157  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Change (X) Addition  
Name: DAMAS, HUGO  
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

PD

12/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date