

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116161

Entity Name: EMED SYSTEMS GROUP, INC.

FILED
Jan 04, 2004
Secretary of State

Current Principal Place of Business:

9437 SOUTHERN GARDEN CIRCLE
ALTAMONTE SPRINGS, FL 327141273 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161586
ALTAMONTE SPRINGS, FL 327161586

New Mailing Address:

FEI Number: 52-2413642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAYLOCK, DON
9553 SOUTHERN GARDENS CIRCLE
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURDICK, JOHN
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP () Delete
Name: BLAYLOCK, DON
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP () Delete
Name: BURDICK, NIKKI
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S/T () Delete
Name: BLAYLOCK, SANDY
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURDICK, JOHN C
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

Title: S (X) Change () Addition
Name: BURDICK, NIKKI C
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Change () Addition
Name: BLAYLOCK, SANDY
Address: 9553 SOUTHERN GARDENS CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: JOHN C BURDICK

P

01/04/2004

Electronic Signature of Signing Officer or Director

Date