

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 16, 2007 8:00 am
Secretary of State**

04-25-2007 90203 038 ***158.75

DOCUMENT # F05000002690
1. Entity Name
E MEDICAL GROUP OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4025 WOODLAND PARK BLVD, STE 280
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ARLINGTON, TX

City & State

Zip
76013

Country

4. FEI Number
27-0121628

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

66015141

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANGELA W. EDDINS

Street Address (P.O. Box Number is Not Acceptable)
17820 SE 109th

SUITE 103

City
SUMMERFIELD

FL

Zip Code
34491

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANGELA W. EDDINS 4025 WOODLAND PARK BLVD ARLINGTON, TX 76013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES MARK A. EDDINS 4025 WOODLAND PARK BLVD ARLINGTON, TX 76013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DON E. DRAKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2007
Date

(817) 469-6739
Daytime Phone #