

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002059

FILED
Feb 23, 2005
Secretary of State

Entity Name: EASTERN MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

17031 SO DIXIE HWY
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9737 N.W. 41ST STREET
SUITE 157
MIAMI, FL 33178

New Mailing Address:

11020 PEMBROKE ROAD.
PMB 157
MIRAMAR, FL 33025

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
9737 SW 41 STREET
157
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

MICHEL, JEAN-LUC
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:

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHEL, IMMACULA T MD
Address: 3160 S UNIVERSITY DR
City-St-Zip: MIRAMAR, FL 33025

Title: MS () Delete
Name: MICHEL, JEAN-LUC MD
Address: 3160 S UNIVERSITY DR
City-St-Zip: MIRAMAR, FL 33025

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change () Addition
Name: TESSIER, LECLERC
Address: 3160 S UNIVERSITY DR
City-St-Zip: MIRAMAR, FL 33025

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

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: IMMACULA MICHEL

PD

02/23/2005

Electronic Signature of Signing Officer or Director

Date