

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002059

FILED
Jan 31, 2007
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHEL, JEAN-LUC 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: BASTIEN, ADELINE
Address: 11020 PEMBROKE ROAD STE 157
City-St-Zip: MIRAMAR, FL 33025

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

Title: DIR () Delete
Name: DAMAS, HUGO
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: DIR (X) Change () Addition
Name: MICHEL, DOREEN MD
Address: 11020 PEMBROKE ROAD STE 157
City-St-Zip: MIRAMAR, FL 33025

Title: CEO () Change (X) Addition
Name: MICHEL, IMMACULA MD
Address: 231 W PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034

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: JEANLUC MICHEL,MD

PD

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date