

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000016721

FILED
Apr 30, 2003
Secretary of State

Entity Name: ST. CHRISTOPHER MEDICAL GROUP, INC.

Current Principal Place of Business:

830 E. OAKLAND PARK BLVD.
SUITE 105
OAKLAND PARK, FL 333342753

New Principal Place of Business:

Current Mailing Address:

830 E. OAKLAND PARK BLVD.
SUITE 105
OAKLAND PARK, FL 333342753

New Mailing Address:

FEI Number: 65-1005724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMBREE, NORMAN J
830 E. OAKLAND PARK BLVD.
SUITE 105
OAKLAND PARK, FL 333342753 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: PVTs () Delete
Name: EMBREE, NORMAN J
Address: 1531 NE 15 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change () Addition
Name: EMBREE, NORMAN J
Address: 830 E. OAKLAND PARK BLVD 105
City-St-Zip: FORT LAUDERDALE, FL 333342753

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: NORMAN J EMBREE

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date