2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076453

City-St-Zip: OCALA, FL 34473

Entity Name: EAGLE MEDICAL MANAGEMENT, INC

FILED May 04, 2006 Secretary of State

Littly Na	IIIE. EAGLE W	EDICAL WANAGEWENT, INC	J.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
10252 S U B3	S HWY 441				
BELLEVIE	W, FL 34421				
Current IV	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
P.O. BOX BELLEVIE	3460 W, FL 34421		P.O. BOX 3460 BELLEVIEW, FL 34421	34	
FEI Number	: 59-3674768	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of N	lew Registered Agent:	
1 NE FÍRS OCALA, F The above			purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () WOODYARD, J 15863 SW 49TI OCALA, FL 344	H COURT ROAD	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	WOODYARD, V	Delete VAYNE I COURT ROAD	Title: () Name: Address:	Change () Addition	

City-St-Zip:

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: JENA WOODYARD PRES 05/04/2006