

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076453

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: EAGLE MEDICAL MANAGEMENT, INC.

## Current Principal Place of Business:

10252 S US HWY 441  
B3  
BELLEVIEW, FL 34421

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3460  
BELLEVIEW, FL 34421 34

## New Mailing Address:

FEI Number: 59-3674768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROW, CHESTER J  
1 NE FIRST AVENUE SUITE 303  
OCALA, FL 34470 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: D ( ) Delete  
Name: WOODYARD, JENA  
Address: 15863 SW 49TH COURT ROAD  
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete  
Name: WOODYARD, WAYNE  
Address: 15863 SW 49TH COURT ROAD  
City-St-Zip: OCALA, FL 34473

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change ( ) Addition  
Name: WOODYARD, JENA OWNER  
Address: 15863 SW 49TH COURT ROAD  
City-St-Zip: OCALA, FL 34473

Title: VP (X) Change ( ) Addition  
Name: WOODYARD, WAYNE VP  
Address: 15863 SW 49TH COURT ROAD  
City-St-Zip: OCALA, FL 34473

Title: OMGR ( ) Change (X) Addition  
Name: WOODSON, SANDRA OFC MGR  
Address: 2011 SW 4TH ST  
City-St-Zip: OCALA, FL 34474

Title: TRES ( ) Change (X) Addition  
Name: TYLER, NATASHA TREAS.  
Address: 613 VIRGINIA OAK COURT  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

OWN

02/20/2007

Electronic Signature of Signing Officer or Director

Date