

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076453

FILED
Apr 30, 2009
Secretary of State

Entity Name: EAGLE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

1519 NE 22ND AVENUE
OCALA, FL 34470

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:

WOODYARD, JENA M
1519 NE 22ND AVENUE
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: OWN () Delete
Name: WOODYARD, JENA OWNER
Address: 15863 SW 49TH COURT ROAD
City-St-Zip: OCALA, FL 34473

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

Title: OMGR () Delete
Name: GREEN, NIATQUA OFC MGR
Address: 948 NW 58TH COURT
City-St-Zip: OCALA, FL 34482

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

Title: DIR () Delete
Name: COLSON, COURTNEE
Address: 1741 NW 7TH STREET APT 801
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date