

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000076453

**FILED**  
**Jan 20, 2010**  
**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  
**Name:** WOODYARD, JENA OWNER  
**Address:** 15863 SW 49TH COURT ROAD  
**City-St-Zip:** Ocala, FL 34473

**Title:** VP  
**Name:** ARNETT, CATHERN VP  
**Address:** 22 TUPELO AVENUE  
**City-St-Zip:** FT. WALTON BEACH, FL 32543

**Title:** DIR  
**Name:** COLSON, COURTNEE  
**Address:** 1741 NW 7TH STREET APT 801  
**City-St-Zip:** Ocala, FL 34475

I hereby 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 all other like empowered.

**SIGNATURE:** JENA WOODYARD

PRES

01/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date