2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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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

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 CEO 04/27/2011

Electronic Signature of Signing Officer or Director Date