

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000076453

FILED
May 01, 2003
Secretary of State

Entity Name: EAGLE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

5608 SE 113TH ST
BELLEVIEW, FL 34421

New Principal Place of Business:

10252 S US HWY 441
B3
BELLEVIEW, FL 34421

Current Mailing Address:

P.O. BOX 3460
BELLEVIEW, FL 34421

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date