

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000013029**

1. Entity Name

EMERALD POINTE MEDICAL, INC.**FILED****02 APR -3 PM 12:35****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JIMMY RANDALL LEWIS 115 HART ST NICEVILLE FL 32578	Mailing Address C/O JIMMY RANDALL LEWIS 115 HART ST NICEVILLE FL 32578
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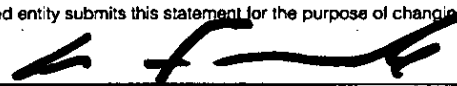
2. Principal Place of Business 115 Hart Street	3. Mailing Address 115 Hart Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Niceville, Florida	City & State Niceville, Florida
Zip 32578	Zip 32578
Country US	Country U.S.

4. FEI Number 59-3697625	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RANDALL LEWIS, JIMMY 115 HART ST NICEVILLE FL 32578	
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7. Name and Address of New Registered Agent Name C.T. Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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8. 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  Allan Farnell, Assistant Vice President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL LEWIS, JIMMY 115 HART ST NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RANDALL LEWIS, President Signature, typed or printed name of signing officer or director	2-18-2002 Date	423-975-5455 Daytime Phone #
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CR2E034 (9/01)