

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101841

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: EXPRESS MEDICAL SERVICES CORPORATION

## Current Principal Place of Business:

6865 SHILOH ROAD E.  
SUITE 250  
ALPHARETTA, GA 30005

## New Principal Place of Business:

## Current Mailing Address:

6865 SHILOH ROAD E.  
SUITE 250  
ALPHARETTA, GA 30005

## New Mailing Address:

FEI Number: 58-2658357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERRELL, HUGH C  
4924 HIDDEN OAKS TRAIL  
SARASOTA, FL 34232 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: P ( ) Delete  
Name: GILLET, CHRISTOPHER R  
Address: 6865 SHILOH ROAD E. STE., 250  
City-St-Zip: ALPHARETTA, GA 30005 US

Title: S ( ) Delete  
Name: GILLET, EVA F  
Address: 6865 SHILOH RD E STE 250  
City-St-Zip: ALPHARETTA, GA 30005

Title: T ( ) Delete  
Name: GILLET, CHRIS  
Address: 6865 SHILOH RD E 250  
City-St-Zip: ALPHARETTA, GA 30005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FERRELL, JOSEPH C  
Address: 6865 SHILOH ROAD E. STE., 250  
City-St-Zip: ALPHARETTA, GA 30005 US

Title: S (X) Change ( ) Addition  
Name: GILLET, CHRIS  
Address: 6865 SHILOH RD E STE 250  
City-St-Zip: ALPHARETTA, GA 30005

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

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: CHRIS GILLET

S

02/08/2005

Electronic Signature of Signing Officer or Director

Date