

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130425

Entity Name: E- MEDICAL CONSULTANTS, INC.

FILED  
Feb 06, 2004  
Secretary of State

## Current Principal Place of Business:

1107 CHELSEA PARK DRIVE  
CLERMONT, FL 34711

## New Principal Place of Business:

449 HOWELL COURT  
OCOE, FL 34761

## Current Mailing Address:

1107 CHELSEA PARK DRIVE  
CLERMONT, FL 34711

## New Mailing Address:

PO BOX 858  
OCOE, FL 34761

FEI Number: 43-1985920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVOIE, MICHAEL S  
1107 CHELSEA PARK DRIVE  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

LAVOIE, MICHAEL S  
449 HOWELL COURT  
OCOE, FL 34761 US

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: MICHAEL S. LAVOIE

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LAVOIE, LISA N  
Address: 1107 CHELSEA PARK DR  
City-St-Zip: CLERMONT, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: LAVOIE, LISA N  
Address: 449 HOWELL COURT  
City-St-Zip: OCOE, FL 34761

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: MICHAEL S. LAVOIE

PRES

02/06/2004

Electronic Signature of Signing Officer or Director

Date