2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000130425

1. Entity Name
E- MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
449 HOWELL COURT OCOEE, FL 34761	PO BOX 858 OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

03182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
43-1985920	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAVOIE, MICHAEL S
449 HOWELL COURT
OCOEE, FL 34761

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	LAVOIE, LISA N
STREET ADDRESS	449 HOWELL COURT
CITY-ST-ZIP	OCOEE, FL 34761

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NAME	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Michael J. Lavoie_   MICHAEL S. LAVOIE   3-18-05   (407)532-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #