

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087426

FILED
Jan 25, 2005
Secretary of State

Entity Name: ELECTRONIC MEDICAL INTERPRETATION, INC

Current Principal Place of Business:

4404 SOUTH FLORIDA AVE
SUITE #3
LAKELAND, FL 33813

New Principal Place of Business:

222 LEWIS RD.
BEAUFORT, NC 28516 US

Current Mailing Address:

4404 SOUTH FLORIDA AVE
SUITE #3
LAKELAND, FL 33813

New Mailing Address:

222 LEWIS RD.
BEAUFORT, NC 28516 US

FEI Number: 41-2106482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAENEL, REBECCA R
4404 SOUTH FLORIDA AVE
SUITE #3
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

LEANDO, REBECCA R
6828 FORESTWOOD DR. WEST
LAKELAND, FL 33811 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: REBECCA R. LEANDO

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEANDO, PETER
Address: 4404 SOUTH FLORIDA AVE #3
City-St-Zip: LAKELAND, FL 33813 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEANDO, PETER
Address: 222 LEWIS RD.
City-St-Zip: BEAUFORT, NC 28516 US

Title: VP () Change (X) Addition
Name: LEANDO, REBECCA R
Address: 222 LEWIS RD.
City-St-Zip: BEAUFORT, NC 28516 US

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: PETER LEANDO

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date