

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023166

Entity Name: E MEDICAL SOLUTION INC.

FILED  
Apr 01, 2005  
Secretary of State

## Current Principal Place of Business:

6649 FOREST HILLS BLVD  
WEST PALM BEACH, FL 33413

## New Principal Place of Business:

## Current Mailing Address:

6649 FOREST HILLS BLVD  
WEST PALM BEACH, FL 33413

## New Mailing Address:

FEI Number: 56-2431996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SENIOR, JEFFREY C  
6649 FOREST HILLS BLVD  
WEST PALM BEACH, FL 33413 US

## Name and Address of New Registered Agent:

LEE, JEFFREY C SR.  
6649 FOREST HILLS BLVD  
WEST PALM BEACH, FL 33413 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: JEFFREY C. LEE, SR.

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SENIOR, JEFFREY C  
Address: 6649 FOREST HILLS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete  
Name: JUNIOR, JEFFREY C  
Address: 6649 FOREST HILLS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEE, JEFFREY C SR.  
Address: 6649 FOREST HILLS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change ( ) Addition  
Name: LEE, JEFFREY C JR.  
Address: 6649 FOREST HILLS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33413

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: JEFFREY C. LEE, SR.

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date