


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 047 ***150.00

DOCUMENT # P04000054625 1. Entity Name ELECTRONIC MEDICAL IDENTIFICATION ACCOUNTING SERVICES INTERNATIONAL, INC.			
Principal Place of Business 4240 SUMMER LANDING DRIVE, #201 LAKELAND, FL 33810		Mailing Address 4240 SUMMER LANDING DRIVE, #201 LAKELAND, FL 33810	
2. Principal Place of Business P.O. BOX 90906		3. Mailing Address P.O. BOX 90906	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAKELAND, FLA.		City & State LAKELAND, FLA.	
Zip 33804		Zip 33804	
Country 		Country 	
4. FEL Number 57-1203521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent READ, WILLIAM W JR. 1303 ROBINHOOD LANE NORTH LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D READ, WILLIAM W JR. 1303 ROBINHOOD LANE NORTH LAKELAND, FL 33805	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PCEO PAGE, WILLIAM R 4240 SUMMER LANDING DR. #201 LAKELAND, FL 33810	TITLE	PCEO PAGE, WILLIAM R P.O. BOX 90906 LAKELAND, FLA. 33804
NAME	Delete <input type="checkbox"/>	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D RACE, CHRISTOPHER 1365 BEACON CIRCLE WELLINGTON, FL 33414	TITLE	Delete <input checked="" type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	V.P. LEE, JEFFREY C 18987 POINT DRIVE JUPITER FL 33469
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>William R. Page</i> WILLIAM R. PAGE PRES/CEO 3-15-05 407-718-8046 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			