

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135599

FILED
May 05, 2006
Secretary of State

Entity Name: ELECTRONIC MEDICAL SOLUTIONS OF FL INC

Current Principal Place of Business:

12890 COMMODITY PLACE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12890 COMMODITY PLACE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-1675213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TULLY, COLLEEN M
12890 COMMODITY PLACE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TULLY, COLLEEN M
Address: 12890 COMMODITY PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: VP () Delete
Name: MCLEOD, WES
Address: 12890 COMMODITY PLACE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: COLLEEN M TULLY

PRES

05/05/2006

Electronic Signature of Signing Officer or Director

Date