2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-11-2005 00053 027 **158.75
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SEC. OF STATE
TALLAHASSEE, FLORIDA

50014328

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000136160

1. Entity Name
EMEDICAL ID GROUP, INC.

Principal Place of Business	Mailing Address
1840 FAIRBANKS ST LAKELAND FL 33805	1840 FAIRBANKS ST LAKELAND FL 33805

2. Principal Place of Business	3. Mailing Address
914 S. FLORIDA AVE	P.O. BOX 2476
Suite, Apt. #, etc. #209	Suite, Apt. #, etc.
City & State LAKELAND FL	City & State LAKELAND, FL
Zip 33803 Country U.S.A.	Zip 33806 Country POLK U.S.A.

4. FEI Number 06-1743578 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRONIN, MICHAEL T
911 CHESTNUT ST
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Richard C Murphy Jr 1-31-05
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD C. MURPHY, JR PRES\CEO 36-CC ST. LAKELAND, FL 33815 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T,D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, TRES. JACQUELYN S. WILLIAMS 426 PALMORA ST LAKELAND, FL 33803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S.D. NAME STREET ADDRESS CITY-ST-ZIP	WINSTON K. LIPPER 914 S. FLA. AVE #209 LAKELAND, FL 33803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY C. LEE, SR 6649 FOREST HILL BLVD W. PALM BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DR. AMASA R. PITTS, JR 6 WINDING ROAD VALDOSTA, GA 31602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DR. RAJINDER S. PURI, CHAIRMAN ONE LAKELAND MALL MED'L CENTER LAKELAND, FL 33809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard C Murphy Jr RICHARD C MURPHY, JR 1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #