

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 029 ***158.75

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P04000136160 1. Entity Name EMEDICAL ID GROUP, INC. | | | | | |
| Principal Place of Business 914 S. FLORIDA AVE. #209 LAKELAND, FL 33803 | | | Mailing Address PO BOX 2476 LAKELAND, FL 33806 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 06-1783578 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP | PCEO MURPHY, RICHARD C JR 36-CC ST. LAKELAND, FL 33815 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C 1501 ARIANA RD; #36CC-ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WILLIAMS, JACQUELYN S 426 PALMOLA ROAD LAKELAND, FL 33803 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO BAMBRIDGE, JANIENE C. 1038 BILTMORE PL. LAKELAND, FL 33801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LIPPERT, WINSTON K 914 S. FLA AVE. #209 LAKELAND, FL 33803 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10930 S.W. 7th Street, #206 MIAMI, FL 33174. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, JEFFREY C JR 6649 FOREST HILL BLVD. W. PALM BEACH, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PITT JR, AMASA R DR 8 WINDING ROAD VALDOSTA, GA 31802 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PURI, RAJINDER S ONE LAKELAND MAIN MED'L CENTER LAKELAND, FL 33809 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mock, WILLIAM E. 121 No 20th St. OPELIKA, AL 36801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Janiene C. Bambridge 4-19-06 863-687-8861 | | | | | |

ATTACHMENT

40079446

Attachment
2006 For Profit Corporation
Annual Report

DOCUMENT # P04000136160
EMEDICAL ID GROUP, INC.

ADDITION OF OFFICER/DIRECTOR

P
JANIENE C. BAMBRIDGE
1038 BILTMORE PLACE
LAKELAND, FL 33801