

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000136160

Entity Name: EMEDICAL ID GROUP, INC.

FILED
May 08, 2007
Secretary of State

Current Principal Place of Business:

914 S. FLORIDA AVE.
#209
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

PO BOX 2476
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 06-1783578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

DAHLE, MARK F
5110 SOUTH FLORIDA AVENUE, SUITE 105
LAKELAND, FL 33813 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: MARK F. DAHLE

05/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MURPHY, RICHARD C JR
Address: 1501 ARIANA RD 36 CC ST
City-St-Zip: LAKELAND, FL 33815

Title: DT () Delete
Name: WILLIAMS, JACQUELYN S
Address: 426 PALMOLA ROAD
City-St-Zip: LAKELAND, FL 33803

Title: SD () Delete
Name: LIPPERT, WINSTON K
Address: 10930 SW 7TH ST 206
City-St-Zip: MIAMI, FL 33174

Title: D (X) Delete
Name: BAMBRIDGE, JANIENE C
Address: 1038 BILTMORE PL
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: PITT JR, AMASA R DR
Address: 6 WINDING ROAD
City-St-Zip: VALDOSTA, GA 31602

Title: D () Delete
Name: MOCK, WILLIAM E
Address: 121 N 20TH ST
City-St-Zip: OPELIKA, AL 36801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILLIAMS, JACQUELYN S
Address: 426 PALMOLA ROAD
City-St-Zip: LAKELAND, FL 33803

Title: DT (X) Change () Addition
Name: OWEN, JERRY M
Address: 26 DD STREET
City-St-Zip: LAKELAND, FL 33815

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

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 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: RICHARD C. MURPHY, JR.

PCEO

05/08/2007

Electronic Signature of Signing Officer or Director

Date