


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 007 ***150.00

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 - No P.O. Box # 202 LAKE MIRIAM DRIVE		3. Mailing Address Suite, Apt. #, etc. W13			
City & State LAKELAND FL		City & State LAKELAND FL		4. FEI Number 06-1783578	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAHLE, MARK F 5110 SOUTH FLORIDA AVENUE, SUITE 105 LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name RICHARD C. MURPHY JR. Street Address (P.O. Box Number is Not Acceptable) 36 CC STREET City LAKELAND FL Zip Code 33815	
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 <u><i>Richard C. Murphy Jr.</i></u> DATE <u>4/29/08</u> <small>(Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 1501 ARIANA RD 36 CC ST LAKELAND, FL 33815	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACQUELYN S 426 PALMOLA ROAD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OWEN, JERRY M 26 DD STREET LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITT JR, AMASA R DR 6 WINDING ROAD VALDOSTA, GA 31602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, WILLIAM E 121 N 20TH ST OPELIKA, AL 36801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input 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: <u><i>Richard C. Murphy Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/08</u> Daytime Phone # _____		

40106720



04142008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name RICHARD C. MURPHY JR.

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

36 CC STREET

City LAKELAND FL Zip Code 33815

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.* DATE 4/29/08

(Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating))

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10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MURPHY, RICHARD C JR
1501 ARIANA RD 36 CC ST
LAKELAND, FL 33815

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JACQUELYN S
426 PALMOLA ROAD
LAKELAND, FL 33803

☒ Delete

TITLE
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VALDOSTA, GA 31602

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☐ Change ☐ Addition

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SIGNATURE: *Richard C. Murphy Jr.* Date 4/28/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40106720



202 Lake Miriam Drive
Suite West 3
Lakeland, FL 33813
Phone: 863-687-8861
Fax: 863-687-8805

Web: <http://www.emedicalidgroup.com>

April 28, 2008

Division of Corporations
P.O. Box 8800
Tallahassee, FL 32314

RE: FEI Number

To Whom It May Concern:

The FEI number you have listed on the annual report is incorrect. The correct FEI number for e Medical ID Group, Inc., Document # P04000136168, is 06-1743578.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading 'Richard C. Murphy, Jr.'.

Richard C. Murphy, Jr.
e Medical ID Group, Inc.

/mad