


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000155027					
1. Entity Name EMANUEL MEDICAL GROUP, INC.					
Principal Place of Business 3383 NW 7 ST SUITE 313 MIAMI, FL 33125			Mailing Address 3383 NW 7 ST SUITE 313 MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-1696064	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSUNA, ROGELIO 3383 NW 7TH ST STE 313 MIAMI, FL 33125			7. Name and Address of New Registered Agent Name <u>HECTOR SARMIENTO</u> Street Address (P.O. Box Number is Not Acceptable) <u>14707 HIDDEN TRAIL RD.</u> City <u>ORLANDO</u> FL Zip Code <u>32824</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD OSUNA, ROGELIO 3383 NW 7TH ST STE 313 MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE (P) NAME STREET ADDRESS CITY - ST - ZIP	HECTOR SARMIENTO 14707 HIDDEN TRAIL RD ORLANDO FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9001 DECEMBER 2007 07/17/07-01012-007 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B7/6/07	<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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

FILED

07 JUL -6 PM 12: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 Chg-P CR2E034 (12/06)

4. FEI Number 84-1696064 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSUNA, ROGELIO
3383 NW 7TH ST
STE 313
MIAMI, FL 33125

Name HECTOR SARMIENTO
Street Address (P.O. Box Number is Not Acceptable)
14707 HIDDEN TRAIL RD.
City ORLANDO FL Zip Code 32824

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SIGNATURE

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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
OSUNA, ROGELIO
3383 NW 7TH ST STE 313
MIAMI, FL 33125

☒ Delete

TITLE
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STREET ADDRESS
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (P)
NAME
STREET ADDRESS
CITY - ST - ZIP
HECTOR SARMIENTO
14707 HIDDEN TRAIL RD
ORLANDO FL 32824

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #