

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000023089

Entity Name: EAGLE MEDICAL, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13245 ATLANTIC BLVD.  
SUITE #4-373  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13245 ATLANTIC BLVD.  
SUITE #4-373  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, ELAYNA  
2338 COOL SPRINGS DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

KELLY, ELAYNA  
1181 CANDLEBROOK DR  
JACKSONVILLE, FL 32225 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:

02/28/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLY, ELAYNA  
Address: 1181 CANDLEBROOK DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: ELAYNA KELLY

P

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date