

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000029859

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: EMORY MEDICAL CORPORATION

## Current Principal Place of Business:

351 NE FRANKLIN STREET,  
SUITE # 1125  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

C/O RHONDA SHERROD ( ADMINISTRATOR )  
368 NE FRANKLIN STREET ( SHANDS HOSPITAL )  
LAKE CITY, FL 32055

## New Mailing Address:

EMORY MEDICAL CORPORATION  
P.O.BOX 1646  
LAKE CITY, FL 32056

FEI Number: 27-2312616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOHAN, CHANDLER V M.D.  
C/O RHONDA SHERROD ( ADMINISTRATOR )  
368 NE FRANKLIN STREET ( SHANDS HOSPITAL )  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

MOHAN, CHANDLER V M.D.  
EMORY MEDICAL CORPORATION  
351 NE FRANKLIN STREET # 1125  
LAKE CITY, FL 32055 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: CHANDLER MOHAN

04/21/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: MOHAN, CHANDLER V MD.  
Address: 351 NE FRANKLIN STREET # 1125  
City-St-Zip: LAKE CITY, FL 32055

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: CHANDLER MOHAN

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date