

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059265

FILED
Apr 10, 2007
Secretary of State

Entity Name: EMG HEALTH CARE CONSULTANTS, INC.

Current Principal Place of Business:

P O BOX 516
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

309 SOUTH PALM AVENUE
HOWEY IN THE HILLS, FL 34737

Current Mailing Address:

P O BOX 516
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

309 SOUTH PALM AVENUE
HOWEY IN THE HILLS, FL 34737

FEI Number: 59-3439630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COONEY, GARY J
640 N BAKER ST
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORGAS, ELINOR
Address: 309 S PALM AVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VTS () Delete
Name: GORGAS, DUANE
Address: 309 S PALM AVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DUANE GORGAS

VTS

04/10/2007

Electronic Signature of Signing Officer or Director

Date