2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000097,155

1. Entity Name
E.G. MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2190 TERRACE BLVD LONGWOOD, FL 32779	2190 TERRACE BLVD LONGWOOD, FL 32779

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3634757
Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUINDI, EDWARD
2190 TERRACE BLVD
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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 _____

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
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTSV
NAME	GUINDI, EDWARD
STREET ADDRESS	2190 TERRACE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	D
NAME	GUINDI, EDWARD
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CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
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CITY-ST-ZIP	

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02/15/06-80052-024 158.75

DO NOT WRITE IN THIS SPACE

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: _Edward Guindi_   EDWARD GUINDI   1/31/06   407-682-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #