

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 047 ***150.00

DOCUMENT # P98000076258 1. Entity Name IFARM/EMEDICAL I D, INC.					
Principal Place of Business 3504 CENTURY BLVD. STE. 4 LAKELAND, FL 33811			Mailing Address PO BOX 91215 LAKELAND, FL 33804-1215		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3504 CENTURY BLVD Suite, Apt. #, etc. STE 4 City & State LAKELAND FL Zip Country 33811 USA			
4. FEI Number 59-3557192		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent W. LANCE GERLIN 325 N. CALHOUN ST. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, JACQUELYN 426 PALMOLA ROAD LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED LIST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, BETTY R 460 WINDERMERE DR. LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROWN, DOUGLAS R 3504 CENTURY BLVD., STE. 4 LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVERS, JEFF CPR 3504 CENTURY BLVD. LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, DR. A.B. 3504 CENTURY BLVD. LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGBONS, PETER 3504 CENTURY BLVD. LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Douglas R Brown</i></u> DOUGLAS R. BROWN <u>4/29/05</u> <u>863-644-8560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> PRESIDENT/CEO					

ATTACHMENT
IFARM/Emedical ID, Inc.
Board of Directors

40080904
198000076258

Douglas R. Brown
President/CEO
IFARM/Emedical ID, Inc.
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Lakeland, Florida 33811-3303

P/D/C

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