

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076258

Entity Name: EMEDICAL ID, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

202 LAKE MIRIAM DRIVE
W3
LAKELAND, FL 33813

New Principal Place of Business:

36CC STREET
LAKELAND, FL 33815

Current Mailing Address:

PO BOX 2476
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 59-3557192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POBJECKY, DAVID
786 AVE. C., SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

MURPHY, RICHARD C JR.
36CC STREET
LAKELAND, FL 33815 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: RICHARD C. MURPHY, JR.

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILLIAMS, JACQUELYN S
Address: 426 PALMOLA ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: PITTS, AMASA R JR
Address: 5 WINDING ROAD
City-St-Zip: VALDOSTA, GA 31602

Title: P () Delete
Name: HOUSER, BRUCE F
Address: 906 CLEARVIEW AVE.
City-St-Zip: LAKELAND, FL 33811

Title: CS () Delete
Name: JOHNS, CYTHIA
Address: 4325 HOMEWOOD LANE
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: MOCK, WILLIAM
Address: 121 NO 20TH ST.
City-St-Zip: OPELIKA, AL 36801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: JOHNS, CYNTHIA
Address: 4325 HOMEWOOD LANE
City-St-Zip: LAKELAND, FL 33811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD C. MURPHY, JR.

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date