## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000031168

FILED Jul 11, 2005 Secretary of State

Entity Name: EXPRESS MED EMERGENCY CARE CENTER, INC.

Current Principal Pla	New Princ	New Principal Place of Business:			
2250 OSPREY BLVD SUITE 105 BARTOW, FL 33830	US	3615 S. FL SUITE 710 BARTOW,		US	
Current Mailing Addr	New Maili	New Mailing Address:			
P.O. BOX 2186 BARTOW, FL 33831	US	P.O. BOX 1 BARTOW,		US	
FEI Number: 65-0911180	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status De	sired ( )
Name and Address of	Name and	Name and Address of New Registered Agent:			
SEOANE, SERGIO B P.O. BOX 2186 BARTOW, FL 33831	US				
The above named entit n the State of Florida.	ty submits this statement for the pr	urpose of changing it	ts registered o	office or registered age	nt, or both,
SIGNATURE:					
Electr	onic Signature of Registered Age	nt		Date	
	.193(2)(b), F.S., the corporation did not sing Trust Fund Contribution ( ).	receive the prior notic	e.		
OFFICERS AND DIRE	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: PD Name: SEOANE, SE Address: P.O. BOX 21 Dity-St-Zip: BARTOW, FI	186	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP ( MCMICKEN, S P.O. BOX 158: BARTOW, FL	2	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEAN MCMICKEN VP 07/11/2005