

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19424

Entity Name: EMI MEDICAL SERVICES, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

3130 N.W. 111TH AVE.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3130 N.W. 111TH AVE.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0235532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, REID C
3130 NW 111 AVENUE
CORAL SPRINGS, FL 33065 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: DPT () Delete
Name: BECKER, REID C.,
Address: 3130 N.W. 111TH AVE.
City-St-Zip: CORAL SPRINGS, FL

Title: S () Delete
Name: BECKER, LAURA L.,
Address: 3130 N.W. 111TH AVE.
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BECKER, REID C.,
Address: 3130 N.W. 111TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S (X) Change () Addition
Name: BECKER, LAURA L.,
Address: 3130 N.W. 111TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: REID C. BECKER

DPT

01/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date