UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| (Check 0 [] For | m N-SAR | [] Form 20-F [] d Ended: December 31, 1 | Form 11-K [] Form 10-Q |
|---|--|---|--|
| [] Transition Report on Form 10-K [] Transition Report on Form 20-F [] Transition Report on Form 11-K [] Transition Report on Form 10-Q [] Transition Report on Form N-SAR For the Transition Period Ended: | | | |
| Nothing in this form shall be construed to imply that the Commission has verified any information contained herein. | | | |
| If the notification relates to a portion of the filing checked above, identify the item(s) to which the notification relates: | | | |
| PART 1 - REGISTRANT INFORMATION | | | |
| Orthodontix, Inc | | | |
| Embassy Acquisition Corp. | | | |
| Former Name if Applicable | | | |
| 2222 Ponce de Leon Blvd., 3rd Floor | | | |
| Address of Principal Executive Office (Street and Number) | | | |
| Miami, Florida 33134 | | | |
| City, State and Zip Code | | | |
| PART II - Rules 12b-25(b) and (c) | | | |
| If the subject report could not be filed without unreasonable effort or expense and the registrant seeks relief pursuant to Rule 12b-25(b), the following should be completed. (Check box if appropriate) | | | |
| [X] | (a) The reasons describ could not be eliminated | | in Part III of this form ffort or expense; |
| [x] | Form 10-K, Form 20-F, 1 filed on or before the due date; or the subjec | 1-K, Form N-SAR, or por fifteenth calendar day t quarterly report of t will be filed on or bribed due date; and atement or other exhibi | following the prescribed ransition report on Form efore the fifth calendar |
| PART III - NARRATIVE | | | |
| State below in reasonable detail the reasons why the Form 10-K, 11-K, 10-Q, N-SAR, or the transition report or portion thereof, could not be filed within the prescribed time period. (Attach extra sheets if needed) | | | |
| Receipt of financial information from the Company's affiliated orthodontic | | | |
| practices is required. | | | |
| PART IVOTHER INFORMATION | | | |
| (1) Name and telephone number of person to contact in regard to this notification | | | |
| | F.W. Mort Guilford | | 446-8661 |
| | | | (Telephone Number) |

(2) Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s). [X] Yes [] No

(3) Is it anticipated that any significant change in results of operations from the corresponding period for the last fiscal year will be reflected by the earnings statement to be included in the subject report or portion thereof? [X]Yes [] No

If so, attach an explanation of the anticipated change, both narratively and quantitatively, and, if appropriate, state the reasons why a reasonable estimate of the results cannot be made.

As a result of a business combination with Orthodontix, Inc., the Company commenced operations in April, 1998. Consequently there are no prior periods of relevant comparison. The Company anticipates that its financial results for the fiscal year ended December 31, 1998 will reflect a loss.

ORTHODONTIX, INC. (Name of Registrant as Specified in Charter)

has caused this notification to be signed on its behalf by the undersigned hereunto duly authorized.

Date: March 30, 1999

ORTHODONTIX, INC.

By: /s/ F.W. Mort Guilford

F.W. Mort Guilford, President

INSTRUCTION: The form may be signed by an executive officer of the registrant or by any other duly authorized representative. The name and title of the person signing the form shall be typed or printed beneath the signature. If the statement is signed on behalf of the registrant by an authorized representative (other than an executive officer), evidence of the representative's authority to sign on behalf of the registrant shall be filed with the form.