

To: FL Dept of State  
Subject: 00638.124838

From: Kim Weidenbach

Monday, May 10, 2010 3:07 PM Page: 1 of 5

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: *000638.124838*  
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 Fax Number : (850)617-6381

From:  
 Account Name : CORPDIRECT AGENTS, INC.  
 Account Number : 110450000714  
 Phone : (850)222-1173  
 Fax Number : (850)224-1640

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TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.**

*EP 5/10/10*

Certificate of Status	0
Certified Copy	1
Page Count	05
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H10000113242 3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Emergency Medicine Scribe Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 27-1228142

(FEI number, if applicable)

4. 11/2/09

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 177 Cedar Lane, Santa Barbara, CA 93108

(Principal office address)

P.O. Box 570593, Torzana, CA 93157

(Current mailing address)

8. Physician medical scribe systems

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Corporate Research, Ltd.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Rose Marie Cole, Asst. Sec.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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H10000113242 3

H10000113242 3

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: David Strumpf

Address: PO Box 570593, Tarzana, CA 93157

Director: Robert Gayou

Address: PO Box 570593, Tarzana, CA 93157

B. OFFICERS

President: David Strumpf

Address: PO Box 570593, Tarzana, CA 93157

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Robert Gayou

Address: PO Box 570593, Tarzana, CA 93157

Treasurer: David Strumpf

Address: PO Box 570593, Tarzana, CA 93157

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. David Strumpf, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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**ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
OF  
EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.**

**Section 12 A. Names and Business Addresses of officers and/or directors:**

**John Vowels** Director  
PO Box 570593  
Tarzana, CA 91357

**Mark Richmond** Director  
PO Box 570593  
Tarzana, CA 91357

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H10000113242 3

H10000113242 3

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.**

**FILE NUMBER: C3258286  
FORMATION DATE: 11/02/2009  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)**

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TALLAHASSEE, FLORIDA**

I, **DEBRA BOWEN**, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 20, 2010.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**

H10000113242 3