

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002190

FILED
Apr 28, 2011
Secretary of State

Entity Name: EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.

Current Principal Place of Business:

177 CEDAR LANE
SANTA BARBARA, CA 93108

New Principal Place of Business:

Current Mailing Address:

PO BOX 570593
TARZANA, CA 93157

New Mailing Address:

FEI Number: 27-1229142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: STRUMPF, DAVID
Address: PO BOX 570593
City-St-Zip: TARZANA, CA 93157

Title: SD
Name: GAYOU, ROBERT
Address: PO BOX 570593
City-St-Zip: TARZANA, CA 93157

Title: D
Name: VOWELS, JOHN
Address: PO BOX 570593
City-St-Zip: TARZANA, CA 91357

Title: D
Name: RICHMOND, MARK
Address: PO BOX 570593
City-St-Zip: TARZANA, CA 91357

I hereby 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 all other like empowered.

SIGNATURE: /S/ DAVID STRUMPF

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04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date