FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90157 020 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114636

1. Entity Name
EMR COMMUNICATIONS, INC.

10065129

Principal Place of Business	Mailing Address
213 BLOSSOM LN PALM BEACH SHORES, FL 33404	213 BLOSSOM LN PALM BEACH SHORES, FL 33404

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
218 35 TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WEST PALM BEACH		City & State	
Zip: 33407	Country: PALM BEACH	Zip	Country

4. FEI Number 65-1155926 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUNK, ELSA M 213 BLOSSOM LN PALM BEACH SHORES, FL 33404	Name: BUCHHOLZ, ELSA M. Street Address (P.O. Box Number Is Not Acceptable): 218 35 TH ST. City: WEST PALM BEACH FL Zip Code: 33407

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: RUNK, ELSA M STREET ADDRESS: 213 BLOSSOM LN CITY-ST-ZIP: PALM BEACH SHORES, FL 33404	☐ Delete	TITLE: DIRECTOR NAME: BUCHHOLZ, ELSA M STREET ADDRESS: 218 35TH ST. CITY-ST-ZIP: WEST PALM BEACH, FL 33407	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-7-03 561 848-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #