2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90008 048 ***150.00

DOCUMENT # P02000119509

1. Entity Name
EMERSON MEDICAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6716 BONNIE BAY CIR PINELLAS PARK, FL 33781	6716 BONNIE BAY CIR PINELLAS PARK, FL 33781

01172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3430 S.W. 7Th Lane	3430 S.W. 7Th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33991 Country: US	Zip: 33991 Country: US

4. FEI Number: 52-2385749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHRS, DENIS A
2575 ULMERTON RD STE 210
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 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, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, PAUL S 6716 BONNIE BAY CIR PINELLAS PARK, FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emerson, Paul S 3430 SW 7th Lane Cape Coral Fl 33991	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Paul Emerson 4-1-04 727 480 3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #