

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002190

FILED  
Jan 03, 2012  
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:**

177 CEDAR LANE  
SANTA BARBARA, CA 93108

**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.  
155 OFFICE PLAZA DRIVE  
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: 177 CEDAR LANE  
City-St-Zip: SANTA BARBARA, CA 93108

Title: SD  
Name: GAYOU, ROBERT  
Address: 177 CEDAR LANE  
City-St-Zip: SANTA BARBARA, CA 93108

Title: D  
Name: VOWELS, JOHN  
Address: 177 CEDAR LANE  
City-St-Zip: SANTA BARBARA, CA 93108

Title: D  
Name: RICHMOND, MARK  
Address: 177 CEDAR LANE  
City-St-Zip: SANTA BARBARA, CA 93108

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: DAVID STRUMPF

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date