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: JUAN A MANFREDI

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

MANFREDI, JUAN A. 1055 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 US

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

Officer/Director Detail :

Title	CEO	Title	CORRESPONDING SECRETARY
Name	ROCHA, MURILO P.	Name	MANFREDI, JUAN A
Address	RUA MAESTRO CARDIM, 343 CJ.32	Address	1055 WEEPING WILLOW WAY
City-State-Zip:	LIBERDADE SAO PABLO- SP- BRASIL 01323-000	City-State-Zip:	HOLLYWOOD FL 33019
Title	PRESIDENT ROCHA, ANDRE	Title	CORRESPONDING SECRETARY
		Name	MANFREDI, JUAN A.
Name		Address	1055 WEEPING WILLOW WAY
Address	RUA ARIZONA 1051 221 B	City-State-Zip:	HOLLYWOOD FL 33019
City-State-Zip:	SAO PABLO SAO PABLO 04567030		

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F57469

Entity Name: EMERGENCY MEDICAL INTERNATIONAL, INC.

Current Principal Place of Business:

4596 NW 97 PLACE DORAL, FL 33178

Current Mailing Address:

4596 NW 97 PLACE DORAL, FL 33178 US

FEI Number: 59-2148523

Date

Certificate of Status Desired: No

F57469

03/22/2016 Date

Mar 22, 2016 Secretary of State CC1915924649

FILED