

**2016 FLORIDA PROFIT CORPORATION 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

**Certificate of Status Desired:** Yes

**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

Date

**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

*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

**CORRESPONDING  
SECRETARY**

**03/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date