

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18113

**Entity Name:** E-W-M REFERRAL SERVICES, INC.**Current Principal Place of Business:**12751 S. DIXIE HIGHWAY  
PINECREST, FL 33156**Current Mailing Address:**ATTN: LEGAL DEPARTMENT  
333 SOUTH 7TH STREET 27TH FLOOR  
MINNEAPOLIS, MN 55402 US**FEI Number:** 59-2380937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, DIRECTOR  
Name            SHUFFIELD, RONALD A  
Address        12751 S. DIXIE HIGHWAY  
City-State-Zip: PINECREST FL 33156

Title            DIRECTOR  
Name            BLEFARI, EUGENE A.  
Address        333 SOUTH 7TH STREET  
                 27TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title            CFO  
Name            AGUIRRE, HENA  
Address        12751 S. DIXIE HIGHWAY  
City-State-Zip: PINECREST FL 33156

Title            SECRETARY  
Name            BROWNE, MICHAEL T  
Address        333 SOUTH 7TH STREET  
                 27TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

Title            DIRECTOR  
Name            STRANDMO, DANA D  
Address        333 SOUTH 7TH STREET  
                 27TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

*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: MICHAEL T. BROWNE****SECRETARY****04/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date