

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18113

Entity Name: E-W-M REFERRAL SERVICES, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE, STE 1060
CORAL GABLES, FL 33134**Current Mailing Address:**6800 FRANCE AVE. S., STE 610
EDINA, MN 55435 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 & CEO, DIRECTOR
Name SHUFFIELD, RONALD A
Address 201 ALHAMBRA CIRCLE, STE 1060
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BLEFARI, EUGENE A.
Address 6800 FRANCE AVE. S., STE 610
City-State-Zip: EDINA MN 55435

Title CFO
Name AGUIRRE, HENA
Address 201 ALHAMBRA CIRCLE, STE 1060
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name BROWNE, MICHAEL T
Address 6800 FRANCE AVE. S., STE 610
City-State-Zip: EDINA MN 55435

Title DIRECTOR
Name STRANDMO, DANA D
Address 6800 FRANCE AVE. S., STE 610
City-State-Zip: EDINA MN 55435

Title VP
Name HALE, JONATHAN D
Address 666 GRAND AVENUE, STE 500
City-State-Zip: DES MOINES IA 50309

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****04/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date