

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18113

**Entity Name:** E-W-M REFERRAL SERVICES, INC.**Current Principal Place of Business:**12751 S. DIXIE HIGHWAY  
CORAL GABLES, FL 33156**Current Mailing Address:**12751 S. DIXIE HIGHWAY  
CORAL GABLES, FL 33156**FEI Number:** 59-2380937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	P, D
Name	SHUFFIELD, RONALD A
Address	12751 S. DIXIE HIGHWAY
City-State-Zip:	CORAL GABLES FL 33156

Title	AS
Name	LEIGHTON, PAUL J.
Address	666 GRAND AVENUE
City-State-Zip:	DES MOINES IA 50309

Title	D
Name	MOLINE, ROBERT R
Address	333 SOUTH 7TH STREET, SUITE 2700
City-State-Zip:	MINNEAPOLIS MN 55402

Title	D
Name	PELTIER, RONALD J
Address	333 SOUTH 7TH ST., SUITE 2700
City-State-Zip:	MINNEAPOLIS MN 55402

Title	S
Name	STRANDMO, DANA D
Address	333 SOUTH 7TH ST., #2700
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:** PAUL J. LEIGHTON**ASSISTANT SECRETARY** 04/03/2013\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date