

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083947

Entity Name: ENVISION MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619

Current Mailing Address:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

FEI Number: 20-3389462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.,
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 VP/T
Name PULS, JAMES M
Address 3710 CORPOREX PARK DRIVE, SUITE 215
City-State-Zip: TAMPA FL 33619

Title D/P
Name BARRY, KATZ
Address 3710 CORPOREX PARK DRIVE, SUITE 215
City-State-Zip: TAMPA FL 33619

Title D/VP
Name NAGLE, KEVIN
Address 1100 INVESTMENT BLVD.
City-State-Zip: EL DORADO HILLS CA 95762

Title S
Name SAMUELS, EUGENE P
Address 3710 CORPOREX PARK DRIVE, SUITE 215
City-State-Zip: TAMPA FL 33619

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: JAMES M. PULS

VP/T

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date