

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002190

FILED
Jan 16, 2013
Secretary of State
CC8180934725

Entity Name: EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.

Current Principal Place of Business:

840 APOLLO STREET, STE. 231
EL SEGUNDO, CA 90245

Current Mailing Address:

840 APOLLO STREET, STE. 231
EL SEGUNDO, CA 90245

FEI Number: 27-1229142

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
155 OFFICE PLAZA DRIVE
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 DCT
Name STRUMPF, DAVID
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

Title SD
Name GAYOU, ROBERT
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

Title D
Name VOWELS, JOHN
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

Title D
Name RICHMOND, MARK
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

Title P
Name ERSKINE, GARRET
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

Title D
Name CONNELLAN, MICHAEL
Address 840 APOLLO STREET, STE. 231
City-State-Zip: EL SEGUNDO CA 90245

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: /S/ GARRET ERSKINE

PRESIDENT

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date