

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002190

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	D
Name	VOWELS, JOHN
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	SD
Name	GAYOU, ROBERT
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	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