## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002455

Entity Name: EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.

FILED
Apr 04, 2017
Secretary of State
CC1768409101

## **Current Principal Place of Business:**

1200 E. LAS OLAS BLVD

STE 201

FORT LAUDERDALE, FL 33301

## **Current Mailing Address:**

1200 E. LAS OLAS BLVD

STE 201

FORT LAUDERDALE, FL 33301 US

FEI Number: 27-1229142 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of 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:

City-State-Zip:

Officer/Director Detail:

Title PRESIDENT / CEO, DIRECTOR Title SECRETARY

Name MURPHY, MICHAEL Name GLASS, GARY

Address 1200 E. LAS OLAS BLVD Address 1200 E. LAS OLAS BLVD

STE 201 STE 201

FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title TREASURER / CFO Title DIRECTOR

Name WELCH, MICHAEL Name FEINSTEIN, ADAM

Address 1200 E. LAS OLAS BLVD Address 1200 E. LAS OLAS BLVD

STE 201 STE 201

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name LAMB, SARAH

Address 1200 E. LAS OLAS BLVD

STE 201

City-State-Zip: FORT LAUDERDALE FL 33301

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: GARY GLASS SECRETARY 04/04/2017

Date