2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002455

Entity Name: EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.

FILED Apr 05, 2016 **Secretary of State** CC2078625489

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:

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

Title TREASURER / CFO Title DIRECTOR

WELCH, MICHAEL BARRETTE, SEAN Name Name

1200 E. LAS OLAS BLVD 1200 E. LAS OLAS BLVD Address Address STE 201

STE 201

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

Title DIRECTOR Title **DIRECTOR**

CHANDLER, DAVID FEINSTEIN, ADAM Name Name

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

> STE 201 STE 201

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

Title **DIRECTOR** Title **DIRECTOR**

Name LAMB, SARAH Name MINOCHERHOMJEE, ARDA

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

STE 201 **STE 201**

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

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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.

04/05/2016 SIGNATURE: GARY GLASS SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name POWERS, ROBERT

Address 1200 E. LAS OLAS BLVD

STE 201

City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR

Name WINKLER, ALICIA

Address 1200 E. LAS OLAS BLVD

STE 201

City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR

Name WALLACE, PAUL

Address 1200 E. LAS OLAS BLVD

STE 201

City-State-Zip: FORT LAUDERDALE FL 33301