

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002455

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**8288569642CC**

**Entity Name:** EMERGENCY MEDICINE SCRIBE SYSTEMS, INC.

**Current Principal Place of Business:**

1200 E LAS OLAS BLVD STE 201  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

1200 E LAS OLAS BLVD STE 201  
FT LAUDERDALE, FL 33410

**FEI Number:** 27-1229142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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:** JIM PERKINS

01/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / CEO, DIRECTOR  
Name            MURPHY, MICHAEL  
Address        1200 E. LAS OLAS BLVD  
                  STE 201  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            SECRETARY  
Name            GLASS, GARY  
Address        1200 E. LAS OLAS BLVD  
                  STE 201  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            TREASURER / CFO  
Name            WELCH, MICHAEL  
Address        1200 E. LAS OLAS BLVD  
                  STE 201  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            FEINSTEIN, ADAM  
Address        1200 E. LAS OLAS BLVD  
                  STE 201  
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:** LAMB , SARAH

**ANGELA MARTIN,**  
**ATTORNEY-IN-FACT**

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date