

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000002113

**Entity Name:** 4TH DIMENSION EMR, INC.**Current Principal Place of Business:**7770 REGENTS ROAD  
SUITE:113-196  
SAN DIEGO, CA 92122**Current Mailing Address:**7901 4TH ST N.  
STE:300  
ST. PETERSBURG, FL 33702 US**FEI Number:** 83-3620968**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS  
7901 4TH ST N.  
STE:300  
ST. PETERSBURG, FL 33702 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           | CDP                              |
| Name            | POLLACK, ROBERT                  |
| Address         | 7770 REGENTS ROAD, SUITE:113-196 |
| City-State-Zip: | SAN DIEGO CA 92122               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | ST                               |
| Name            | LEE, CAROL                       |
| Address         | 7770 REGENTS ROAD, SUITE:113-196 |
| City-State-Zip: | SAN DIEGO CA 92122               |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | DIRECTOR                         |
| Name            | ROOS, SANDRA                     |
| Address         | 7770 REGENTS ROAD<br>NO. 113-196 |
| City-State-Zip: | SAN DIEGO CA 92122               |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | DIRECTOR                           |
| Name            | BARRETT, DANIEL                    |
| Address         | 7770 REGENTS ROAD<br>SUITE:113-196 |
| City-State-Zip: | SAN DIEGO CA 92122                 |

*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:** CAROL LEE**CHIEF FINANCIAL  
OFFICER****01/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date