

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002349

FILED
Apr 27, 2012
Secretary of State

Entity Name: EMERGENCY VISIONS, INC.

Current Principal Place of Business:

739 TRABERT AVE SUITE F
ATLANTA, GA 30318

New Principal Place of Business:

739 TRABERT AVE
SUITE F
ATLANTA, GA 30318

Current Mailing Address:

739 TRABERT AVE SUITE F
ATLANTA, GA 30318

New Mailing Address:

739 TRABERT AVE
SUITE F
ATLANTA, GA 30318

FEI Number: 20-5296001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: SMITH, SHAWN D
Address: 739 TRABERT AVE SUITE F
City-St-Zip: ATLANTA, GA 30318

Title: VCP
Name: SMITH, ROY E
Address: 739 TRABERT AVE SUITE F
City-St-Zip: ATLANTA, GA 30318

Title: DS
Name: WHEELLOCK, JEFF
Address: 739 TRABERT AVE SUITE F
City-St-Zip: ATLANTA, GA 30318

Title: T
Name: SMITH, ROY E
Address: 739 TRABERT AVE SUITE F
City-St-Zip: ATLANTA, GA 30318

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: SHAWN D. SMITH

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date