2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L90971 DOCUMENT

1. Entity Name

ELECTRONIC MEDICAL SERVICES, INC.



FILED Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90011 021 ***150.00

						OD WE THE					
Principal Place of Business 4997-A O'NIEL LANE TALLAHASSEE FL 32303 US			P.O. BOX	Mailing Address P.O. BOX 180070 TALLAHASSEE FL 32318 US				A POLITRIA DIO TANIA ARIAR IRAN ARE			a:d:: 8:0:: 1.001
Principal Place of Business 3. Mailing Address										dil dibil bibil	
Suite, Ap	t. #, etc.	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & S	City & State			4. FEI Number 59-3035582 Applied For				
Zip		Country	Zip		Country		5. C	ertificate of Status Desired		\$8.75 Ac	
	6. Name ar	d Address of Currer	nt Registered A	gent	L		7 No				eu
			<u> </u>			Name	7. 142	ame and Address of New R	egistered A	gent	
PFI HAM	RICHARD L.			الله كالمجلة المعطالين	_ب	ACTURE	سپه سست				
					<u></u>	Street Address (P.O. Box Number is Not Acceptable)					
4997-A O	'NIEL LANE				1 `		ti .O. DO	A Hambar is Not Acceptable	,		
TALLAHA!	SSEE FL 32303	3			<u> </u>	•				——	
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						City		J	FL	Zip Cod	
8. The above the obliga	e named entity su tions of registere	ibmits this statement d agent.	for the purpose	of changing its	registered o	office or registe	red ager	nt, or both, in the State of Flo	rida. I am fa	 amiliar with	, and accept
SIGNATURE			·								
	Signature, typed or pr	inted name of registered ager	it and title if applicable	e. (NOTE:	: Registered Ag	ent signature require	d when reins	stating)	DATE		
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Make Check	K Payable to Fi	orida Department o	of State				ĺ	Trust Fund Contribution	ı. 🗆	Adde	d to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR