FOR PROFIT CORPORATION 03
UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093308

1. Entity Name
Expert Medical Systems, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23369 McQueeney Ave	PO Box 495539
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt Charlotte, FL	City & State: Pt Charlotte,
Zip: 33980 Country:	Zip: 33949 Country: Charlotte

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-0108201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard Moss-Solomon
Street Address (P.O. Box Number is Not Acceptable): 23369 McQueeney Avenue
City: Pt Charlotte FL Zip Code 33980

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rich Moss-Sl
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

500023447325
09/30/03--01069--002 **150.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Richard Moss-Solomon	NAME	
STREET ADDRESS	23369 McQueeney Ave	STREET ADDRESS	
CITY-ST-ZIP	Pt Charlotte, FL 33980	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Ron Moore	NAME	
STREET ADDRESS	201 S Peerless Rd	STREET ADDRESS	
CITY-ST-ZIP	Evansville, IN 47712	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rich Moss-Sl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EXPERT MEDICAL SYSTEMS, INC.

201 S. Peerless Rd. • Evansville, IN 47712 • (812) 424-8855 • Fax (812) 426-1524
P.O. Box 495539 • Port Charlotte, FL 33949-5539 • 800-440-5777 • Fax (941) 627-4745

September 26, 2003

State of Florida
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

I would like to request a waiver for my filing penalty. Due to a change of our post office box number we did not receive our annual report for 2203. I am enclosing the fee of $150.00, along with the annual report.

If you should need any further information please do not hesitate to contact me. I can be reached at 941 764-5864.

Thank you for attention to this matter.

Sincerely,

Richard Moss-Solomon