FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90150 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119138

1. Entity Name
E Z READ EMERGENCY DOCUMENTATION SYSTEM, INC.

30061585

Principal Place of Business
22 S LINKS AVE, STE 300
SARASOTA, FL 34236

Mailing Address
22 S LINKS AVE, STE 300
SARASOTA, FL 34236

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1112 Kelton Blvd	1112 Kelton Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State: Gulf Breeze, FL
Zip: 32563 Country:	Zip: 32563 Country:

4. FEI Number 59-3761248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAVARY, JOHNSON S JR EQS
22 S LINKS AVE, STE 300
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name: Dolister, Michael J.
Street Address (P.O. Box Number is Not Acceptable): 1112 Kelton Blvd
City: Gulf Breeze FL Zip Code: 32563

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 Michael J Dolister, Michael J. Dolister, President 3/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLISTER, MICHAEL J MD 1112 KELTON BLVD GULF BREEZE, FL 32561 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dolister, Michael J 1112 Kelton Blvd Gulf Breeze FL 32563 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Dolister, Michael J. Dolister, President, 850-916-9946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/22/03 Daytime Phone #