

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000102370

FILED
Oct 07, 2009
Secretary of State

Entity Name: EMOGE MEDICAL SERVICES INC.

Current Principal Place of Business:

8247 NW 36TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8247 NW 36TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 16-1682423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 NW 79 AVE
MIAMI, FL 33166 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: EMILIO FERNANDEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FERNANDEZ, EMILIO
Address: 125 71 SW 76 ST
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EMILIO FERNANDEZ

DP

10/07/2009

Electronic Signature of Signing Officer or Director

Date