2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000119509 **DOCUMENT #**

1. Entity Name

EMERSON MEDICAL ENTERPRISES, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90165 018 ***150.00

PRICE BOUNDE BY O'R PNELLAS PARK PL 33781 2. Principal Place of Business Suria, Apri. V. etc. Suria, Apri. V. etc. Suria, Apri. V. etc. Suria, Apri. V. etc. City & State City & State City & State Country April Country Ap	1						OGG WE THE					
Surio. Apt. 4, etc. Surio. Apt. 8, etc. Chrick Here if MAKING CHANGES City & State Chrick Here if MAKING CHANGES City & State Chrick Here if MAKING CHANGES Zip Country Zip Country S. Certification of Status Desired S8.75 Additional Foo Papages 6. Name and Address of Current Registered Agent 7. Name and Address of New R	6716 BONNIE BAY CIR			6716	6716 BONNIE BAY CIR							
Suita, Apt. #, etc. Suita Apt. #, etc. CHPCK HERE IF MAKING CHANGES City & State City & State A. FE Number 385.79 /9 Not Applicable For Against State A. FE Number 385.79 /9 Not Against State A.		-			The state of the s		-					
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Country Zip	Suite, Apt.	#, etc.	***************************************	Suit	Suite, Apt. #, etc.				☐ CHECK HEF	 E IF MAKIN	IG CHANGES	}
Second S	City & Stat	te		City	City & State			4.	FEI Number 72-23857	49		
S. Name and Address of Current Registered Agent COHRS, DENIS A 2575 ULMERTION RD STE 210 CLEARWATER FL 33762 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the objective of registered agent, or registered agent, or both in the State of Porida. I am familiar with, and accept the objective of registered agent. SIGNATURE:	Zip	p Country			Zip Country						\$8.75 Ad	ditional
Name		6. Name	and Address of Curren	t Registere	ed Agent	·		7	Name and Address of New	i Registered		
CHRS, DENIS A 2575 LUMERTON RD STE 210 CLEARWATER FL 33762 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 Fords. I am amiliar with, and accept the originations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRET ADDRESS OITY-ST-ZP PINELLAS PARK FL 33781 TILE NAME SIRET ADDRESS OITY-ST-ZP PINELLAS PARK FL 33781 TILE NAME SIRET ADDRESS OITY-ST-ZP TILE NAME SIRET A												
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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 Forda. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature, speed or printed name of registered agent and title I subheable. PATE PILE_NOW!!!_EFEE_IS \$150.00 After May 1, 2003 Fee will be \$550.00 Base All Control of the Change Addition Amale Change Addition Addition Addition After May 1, 2003 Fee will be \$100.00 Base All Control of the Change Addition Addition Addition After May 1, 2003 Fee will be \$100.00 After May 1, 2003 Fee will be \$100.00 After May 1, 2003 Fee will be \$100.00 Base All Control of the Change Addition Addi	25/5 OLMERTON RD STE 210											
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR