2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # P03000107885** 1. Entity Name EMERGENCY MED-ED SPECIALISTS, INC. 03-05-2004 90020 005 ***150.00 Principal Place of Business Mailing Address 29 PEEL WAY 29 PEEL WAY **CANTONMENT, FL 32533-4829** CANTONMENT, FL 32533-4829 VVIVVUIV 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02292004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIBIRAS, CYNTHIA-L -- -Street Address (P.O. Box Number is Not Acceptable) 29 PEEL WAY **CANTONMENT, FL 32533-4829** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.09 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deleta TITLE Addition CIBIRAS, CYNTHIA NAME NAME STREET ADDRESS 29 PEEL WAY STREET ADDRESS **CANTONMENT, FL 325334829** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TIDE Change CIBIRAS, ROBERT A NAME 29 PEEL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 325334829 CITY-ST-ZIP Oelete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE TITLE -- 🖸 Delete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ■ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: CUNH

CITY-ST-7IP

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750-968-4433

Date

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