

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166668

FILED
Apr 15, 2009
Secretary of State

Entity Name: EMERGENCY MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

1814 NE MIAMI GARDENS DRIVE
SUITE 400
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1814 NE MIAMI GARDENS DRIVE
SUITE 400
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

16422 NE 34 AVENUE
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-1993068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, KUSENS
1814 NE MIAMI GARDENS DRIVE
SUITE 400
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

BRUCE, KUSENS
16422 NE 34 AVENUE
NORTH MIAMI BEACH, FL 33160 US

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: BRUCE KUSENS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLOCMAN, BERNARD
Address: 291 LANDINGS BLVD
City-St-Zip: WESTON, FL 33327 US

Title: VP () Delete
Name: KUSENS, BRUCE
Address: 1814 NE MIAMI GARDENS DR SUITE 400
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KUSENS, BRUCE
Address: 16422 NE 34 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

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: BRUCE KUSENS

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date