

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091445

1. Entity Name
EMR TECHNOLOGIES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90049 050 ***150.00

Principal Place of Business

Mailing Address

1500 N.W. 62ND ST. STE. 516
FT. LAUDERDALE FL 33309

1500 N.W. 62ND ST. STE. 516
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

6555 N. Powerline Rd.

6555 N. Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip

Country USA

Zip

Country USA

33309

Broward

33309

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET STE. 2800
MIAMI FL 33131

Name

Scott Hurley
Street Address (P.O. Box Number is Not Acceptable)
6555 N. Powerline Rd.
Ste. 105

City

Ft. Lauderdale FL FL Zip Code 33309

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS HURLEY, SCOTT
CITY-ST-ZIP 357 NW 112TH AVE
CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS HURLEY, MARYANNE
CITY-ST-ZIP 357 NW 112TH AVE
CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)