

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 013 ***150.00

DOCUMENT # P99000090795

1. Entity Name

EMR HOLDINGS INC.



Principal Place of Business

**8550 NW 33RD STREET
SUITE 200
MIAMI FL 33122**

Mailing Address

**8550 NW 33RD STREET
SUITE 200
MIAMI FL 33122**

2. Principal Place of Business

5835 BLUE LAGOON DRIVE

Suite, Apt. #, etc.
SUITE 200

City & State
MIAMI, FL

Zip
33126

Country

U.S.A.

3. Mailing Address

5835 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 200

City & State
MIAMI, FL

Zip

33126

Country

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

52-2196323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DUARTE-VIERA, ANIBAL J

**8550 NW 33RD STREET
SUITE 200
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

DUARTE-VIERA, ANIBAL J

Street Address (P.O. Box Number is Not Acceptable)

5835 BLUE LAGOON DRIVE

SUITE 200

City

MIAMI

FL

Zip Code
33126

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 signature required when reinstating)

DATE

2/25/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **REISS, EDWARD M**
STREET ADDRESS **8550 NW 33RD STREET, SUITE 200**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **REISS, EDWARD M**
STREET ADDRESS **5835 BLUE LAGOON DRIVE, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33126**

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04