2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: DISASTER MEDICAL RESPONSE SYSTEMS, INC.

Current Principal Place of Business:

12236 US HWY 301 N
PARRISH, FL 34219

Current Mailing Address:

12236 US HWY 301 N
PARRISH, FL 34219 US

FEI Number: 46-2618315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULER, DANIEL M
12236 US HWY 301 N
PARRISH, FL 34219 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	SCHULER, DANIEL M
Address	12236 US HWY 301 N
City-State-Zip:	PARRISH FL 34219

Title	T
Name	ALEXANDER, LARA M
Address	12236 US HWY 301 N
City-State-Zip:	PARRISH FL 34219

Title	VP
Name	HARNISH, MICHAEL
Address	6929 REX LANE
City-State-Zip:	SARASOTA FL 34243

Title	COO
Name	MARASCO, MICHAEL
Address	1156 PALMA VERDE PLACE
City-State-Zip:	APOPKA FL 32712

Title	OFFICER
Name	GARDEN, RICHARD
Address	7844 AUTUMN WOOD DR.
City-State-Zip:	ORLANDO FL 32825

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL SCHULER PRESIDENT 04/01/2018

Electronic Signature of Signing Officer/Director Detail — Date