

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000084242

Entity Name: WILSON EMERGENCY MEDICINE SERVICES INC.

Current Principal Place of Business:

5944 CORAL RIDGE DRIVE
219
CORAL SPRINGS, FL 33076

Current Mailing Address:

5944 CORAL RIDGE DRIVE
219
CORAL SPRINGS, FL 33076 US

FEI Number: 46-1125679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A.R.S. AND ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NMB, FL 33180 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 PRES
Name WILSON, KEVIN A
Address 11215 NW 71ST COURT
City-State-Zip: PARKLAND FL 33076

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

SIGNATURE: KEVIN WILSON

PRESIDENT

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date