

**2016 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:**

WILSON, KEVIN  
5944 CORAL RIDGE DRIVE #219  
CORAL SPRINGS, FL 33076 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:** KEVIN WILSON

04/15/2016

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

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date