

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002349

**Entity Name:** EMERGENCY VISIONS, INC.**Current Principal Place of Business:**1000 MARIETTA STREET NW  
SUITE 234  
ATLANTA, GA 30318**Current Mailing Address:**1000 MARIETTA STREET, NW  
SUITE 234  
ATLANTA, GA 30318 US**FEI Number:** 20-5296001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	CP
Name	SMITH, SHAWN D
Address	1000 MARIETTA STREET NW, SUITE 234
City-State-Zip:	ATLANTA GA 30318

Title	VCVP
Name	MOREL, MARK
Address	1000 MARIETTA STREET NW SUITE 234
City-State-Zip:	ATLANTA GA 30318

Title	DS
Name	MITCHELL, JAMES
Address	1000 MARIETTA STREET NW SUITE 234
City-State-Zip:	ATLANTA GA 30318

Title	T
Name	MITCHELL, JAMES
Address	1000 MARIETTA STREET NW SUITE 234
City-State-Zip:	ATLANTA GA 30318

*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:** SHAWN SMITH

CP

03/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date