

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002349

**Entity Name:** EMERGENCY VISIONS, INC.

**Current Principal Place of Business:**

739 TRABERT AVE  
SUITE F  
ATLANTA, GA 30318

**Current Mailing Address:**

739 TRABERT AVE  
SUITE F  
ATLANTA, GA 30318

**FEI Number:** 20-5296001

**Certificate of Status Desired:** Yes

**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 739 TRABERT AVE SUITE F  
City-State-Zip: ATLANTA GA 30318

Title DS  
Name MITCHELL, JAMES  
Address 739 TRABERT AVE SUITE F  
City-State-Zip: ATLANTA GA 30318

Title VCP  
Name MOREL, MARK  
Address 739 TRABERT AVE SUITE F  
City-State-Zip: ATLANTA GA 30318

Title T  
Name MITCHELL, JAMES  
Address 739 TRABERT AVE SUITE F  
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 D SMITH

**PRESIDENT**

**03/21/2013**

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

\_\_\_\_\_  
Date