

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736695** (8)
1. Corporation Name
HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4500 GEORGE BLVD. 4500 GEORGE BLVD.
P.O. BOX 1926 P.O. BOX 1926
SEBRING FL 33872-5803 SEBRING FL 33872-5803

3. Date Incorporated or Qualified 08/26/1976 3a. Date of Last Report 05/27/1994
4. FEI Number 59-1722231 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30
24 25 29 30

9. Name and Address of Current Registered Agent
SWAINE, J. MICHAEL
245 COMMERCE ST.
SEBRING FL 33870

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE V
NAME JASKOT, CAROLE
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL
TITLE P
NAME JOHNSON, GROVER
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL
TITLE S
NAME PEC, ANTONY
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL
TITLE D
NAME CULPEPPER, A RAY
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL
TITLE D
NAME WEIGAND, RICHARD A
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL
TITLE D
NAME WARD, JAMES O
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Change Addition
1.2 NAME JOHNSON, GROVER
1.3 STREET ADDRESS 4500 GEORGE BLVD
1.4 CITY-ST-ZIP SEBRING FL 33872-5803
2.1 TITLE V Change Addition
2.2 NAME LIVINGSTON, RICHARD
2.3 STREET ADDRESS 4500 GEORGE BLVD
2.4 CITY-ST-ZIP SEBRING FL 33872-5803
3.1 TITLE S Change Addition
3.2 NAME HENDERSON, THERESA
3.3 STREET ADDRESS 4500 GEORGE BLVD
3.4 CITY-ST-ZIP SEBRING FL 33872-5803
4.1 TITLE T Change Addition
4.2 NAME JASKOT, CAROLE
4.3 STREET ADDRESS 4500 GEORGE BLVD
4.4 CITY-ST-ZIP SEBRING FL 33872-5803
5.1 TITLE D Change Addition
5.2 NAME WEIGAND, RICHARD A
5.3 STREET ADDRESS 4500 GEORGE BLVD
5.4 CITY-ST-ZIP SEBRING FL 33872-8503
6.1 TITLE D Change Addition
6.2 NAME WARD, JAMES O
6.3 STREET ADDRESS 4500 GEORGE BLVD
6.4 CITY-ST-ZIP SEBRING FL 33872-5803

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carole Jaskot CAROLE JASKOT 9 MAR 95 913-471-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #