

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/26/1976**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1722231		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWAINE, J. MICHAEL 245 COMMERCE ST. SEBRING FL 33870				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GROVER	1.2 NAME	
STREET ADDRESS	4500 GEORGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, RICHARD	2.2 NAME	HOUSH, MICHAEL
STREET ADDRESS	4500 GEORGE BLVD	2.3 STREET ADDRESS	4500 GEORGE BLVD
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING FL
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, THERESA	3.2 NAME	PECK, ANTONY
STREET ADDRESS	4500 GEORGE BLVD	3.3 STREET ADDRESS	4500 GEORGE BLVD
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	SEBRING FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASKOT, CAROLE	4.2 NAME	
STREET ADDRESS	4500 GEORGE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND, RICHARD A	5.2 NAME	
STREET ADDRESS	4500 GEORGE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JAMES O	6.2 NAME	
STREET ADDRESS	4500 GEORGE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Johnson **4-29-96** **941-386-6630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)