

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736695 (8)

1. Corporation Name
HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP, INC.



Principal Place of Business 4500 GEORGE BLVD. P.O. BOX 1826 SEBRING FL 33872-5803	Mailing Address 4500 GEORGE BLVD. P.O. BOX 1826 SEBRING FL 33872-5803
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3. Date Incorporated or Qualified
08/26/1976

4. FEI Number
59-1722231

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SWANE, 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	85 Zip Code
	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P / D	<input type="checkbox"/> DELETE
NAME	MSDAHL, CORY	
STREET ADDRESS	4500 GEORGE BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	V / D	<input type="checkbox"/> DELETE
NAME	WALKER, DONALD	
STREET ADDRESS	4500 GEORGE BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HIGGINS, BARBARA	
STREET ADDRESS	4500 GEORGE BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	T / D	<input type="checkbox"/> DELETE
NAME	JASKOT, CAROLE	
STREET ADDRESS	4500 GEORGE BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEIGAND, RICHARD A	
STREET ADDRESS	4500 GEORGE BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (10/97)