

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90204 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736695**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/26/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1722231
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	IMSDAHL, CORY 4500 GEORGE BLVD SEBRING FL	1.1 TITLE President <i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Donald Walker	
STREET ADDRESS		1.3 STREET ADDRESS 4500 George Blvd	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Sebring, FL	
TITLE	VD	2.1 TITLE Vice-Pres <i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DONALD	2.2 NAME Brian Glisson	
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	3.1 TITLE Secretary <i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, BARBARA	3.2 NAME Glover Johnson	
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	TD	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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Carole Jaskot 4-17-99 (941) 385-8004  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)