

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736695

1. Entity Name

HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90068 009 ****61.25

Principal Place of Business

Mailing Address

4500 GEORGE BLVD.
 P.O. BOX 1926
 SEBRING FL 33872-5803

4500 GEORGE BLVD.
 P.O. BOX 1926
 SEBRING FL 33872-5803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1722231

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAINE, J. MICHAEL
 245 COMMERCE ST.
 SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	WALKEN, DONALD	4500 GEORGE BLVD	SEBRING FL	<input checked="" type="checkbox"/>	PD	Brian Glisson	4500 George Blvd	Sebring, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	GLISSON, BRIAN	4500 GEORGE BLVD	SEBRING FL	<input checked="" type="checkbox"/>	VPD	David Reinagle	4500 George Blvd	Sebring, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JOHNSON, GROVER	4500 GEORGE BLVD	SEBRING FL	<input checked="" type="checkbox"/>	SD	Robert Scranton	4500 George Blvd.	Sebring, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JASKOT, CAROLE	4500 GEORGE BLVD	SEBRING FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
 CAROLE JASKOT

4-27-00

863-699-5702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)