

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90037 005 ****61.25

658746

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 136695 | | | | 1. Entity 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 Same | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1722231 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent Swaine, J. Michael 245 Commerce St. Sebring, FL 33870 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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. <input type="checkbox"/> \$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 | Brian Glisson President <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4500 George Blvd. | | NAME | | |
| STREET ADDRESS | Sebring, FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | Carole Jaskot Treasurer <input checked="" type="checkbox"/> Delete | | TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 4500 George Blvd. | | NAME | Danny Drause | |
| STREET ADDRESS | Sebring, FL | | STREET ADDRESS | 4500 George Blvd. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Sebring, FL | |
| TITLE | Vice President <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | David Reinagle | | NAME | | |
| STREET ADDRESS | 4500 George Blvd. | | STREET ADDRESS | | |
| CITY-ST-ZIP | Sebring, FL | | CITY-ST-ZIP | | |
| TITLE | Secretary <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Robert Soranton | | NAME | | |
| STREET ADDRESS | 4500 George Blvd. | | STREET ADDRESS | | |
| CITY-ST-ZIP | Sebring, FL | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 partner 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 | | | Brian Glisson 4-30-01 (863) 291-4111 | | |
| SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |

CR-2E037 (11/00)