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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:43

DOCUMENT # **K96664** **(3)**

1. Corporation Name
BASIC TRAUMA LIFE SUPPORT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% DONNA M. RATHEL 3717 S CONWAY RD ORLANDO FL 32812-4607	% DONNA M. RATHEL 3717 S CONWAY RD ORLANDO FL 32812-4607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 % Phyllis S. Kimbell	26 % Phyllis S. Kimbell
Suite, Apt. #, etc. 22 3717 S. Conway Rd.	Suite, Apt. #, etc. 27 3717 S. Conway Rd.
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32812-4607 / 25 ORANGE	Zip / Country 29 32812-4607 / 30 ORANGE

4. FEI Number: 59-2959442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUNNER, BETH
3717 S. CONWAY RD
ORLANDO FL 32812

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GIANAS, PETE	12 NAME	
STREET ADDRESS	43434 SEMINOLE	13 STREET ADDRESS	
CITY ST ZIP	STARKE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NELSON,JOE, D.O.	22 NAME	
STREET ADDRESS	5551 NW 9TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33309	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	SHEARER, JOHN	32 NAME	Deletion
STREET ADDRESS	3927 JAMAICA ROAD	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34233	34 CITY ST ZIP	
TITLE	RA	41 TITLE	☐ Change ☐ Addition
NAME	BRUNNER, BETH P.	42 NAME	
STREET ADDRESS	3717 S CONWAY RD	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beth Brunner 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0040031 CP