2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 08:00 AM
Secretary of State

DOCUMENT # **K96664**

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

Principal Place of Business	Mailing Address
C/O LINDA FOX	C/O LINDA FOX
3717 S CONWAY RD	3717 S CONWAY RD
ORLANDO FL	ORLANDO FL
328124607 US	328124607 US

2. Principal Place of Business	3. Mailing Address
C/O LINDA FOX	
Suite, Apt. #, etc.: 3717 S CONWAY RD	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 328127607 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

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

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
BRUNNER, BETH 3717 S. CONWAY RD ORLANDO FL 32812 US	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 _____ **03/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA BRUNNER, BETH P. 3717 S CONWAY RD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA BRUNNER, BETH P. 3717 S CONWAY RD ORLANDO FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON,JOE, D.O. 5551 NW 9TH AVENUE FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIANAS PETE 43434 SEMINOLE STARKE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIANAS PETE 43434 SEMINOLE STARKE FL 32091	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth Brunner, Executive Director Dir 03/14/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #