2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# K96664

Entity Name: INTERNATIONAL TRAUMA LIFE SUPPORT INC. FLORIDA CHAPTER

Current Principal Place of Business:

3717 S CONWAY ROAD
ORLANDO, FL 328127607 US

New Principal Place of Business:

Current Mailing Address:

3717 S. CONWAY ROAD
ORLANDO, FL 328124607 US

New Mailing Address:

FEI Number: 59-2959442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUNNER, BETH P EX DIR
3717 S. CONWAY RD
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIANAS, PETE
Address: 43434 SEMINOLE
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: NELSON,JOE, D.O.
Address: 5551 NW 9TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: RA ( ) Delete
Name: BRUNNER, BETH P.
Address: 3717 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIANAS, PETE
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition
Name: LOZANO, MICHAEL
Address: 3717 S CONWAY ROAD
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH BRUNNER RA 04/14/2009

Electronic Signature of Signing Officer or Director — Date