

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K96664

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GIANAS, PETE  
Address: 3717 S CONWAY ROAD  
City-St-Zip: ORLANDO, FL 32812

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

I hereby 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 all other like empowered.

SIGNATURE: BETH BRUNNER

RA

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date