

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767364

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

18 NW 33RD CT  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

18 NW 33RD CT  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-2428204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORSINI, EDITH M  
18 NW 33RD CT  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

OLIVA, STEVEN J  
18 NW 33RD CT  
GAINESVILLE, FL 32607 US

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: STEVEN J. OLIVA

03/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REED, CHAD  
Address: PO BOX 2009  
City-St-Zip: CROSS CITY, FL 326282009 US

Title: VD ( ) Delete  
Name: CHAPMAN, CLIFF  
Address: PO BOX 548  
City-St-Zip: GAINESVILLE, FL 32602 US

Title: SD ( ) Delete  
Name: PATTERSON, MICHAEL  
Address: 1106 TERRACE WOODS  
City-St-Zip: PALATKA, FL 32177 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J. OLIVA

ED

03/17/2005

Electronic Signature of Signing Officer or Director

Date