

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005873

FILED  
Feb 01, 2003  
Secretary of State

**Entity Name:** NATIONAL DISASTER MEDICAL SYSTEM USPHS DMAT FL-4 INC

**Current Principal Place of Business:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 59-3737278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KETCHIE, KAREN G RN  
655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**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 ( ) Delete  
Name: THOMPSON, PENNY  
Address: 655 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D ( ) Delete  
Name: RUSSELL, JEFFREY  
Address: 625 HIWAY A1A  
City-St-Zip: PONTE VERDA BEACH, FL 32082 US

Title: D ( ) Delete  
Name: MEANS, ELIZABETH RN  
Address: 655 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: P ( ) Delete  
Name: KETCHIE, KAREN G RN,  
Address: 1721 SPRING STAR COURT  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: V ( ) Delete  
Name: JONES, GARFIELD LCDR  
Address: 8037 DICKIE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S ( ) Delete  
Name: VAN, RON J  
Address: 4248 RIPKEN CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32224 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:

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: GARFIELD JONES

V

02/01/2003

Electronic Signature of Signing Officer or Director

Date

DR. JAY SCHAUBEN  
655 WEST 8TH STREET  
JACKSONVILLE, FL. 32209

KEVIN DELANEY  
POST OFFICE BOX 5056  
JACKSONVILLE, FL. 32247-5056