

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733862

**Entity Name:** EMERGENCY MEDICAL ASSISTANCE, INC.

**Current Principal Place of Business:**

7901 4TH N  
STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 33552  
PALM BEACH GARDENS, FL 33420 US

**FEI Number: 51-0198610**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC  
7901 4TH N  
STE 300  
ST. PETERSBURG, FL 33702 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            STEFFEN, KATHLEEN  
Address        7901 4TH N  
                  STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            SAMUELS, ALEXANDRA  
Address        7901 4TH N  
                  STE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALEXANDRA SAMUELS**

**TREASURER**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date