

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733862

Entity Name: EMERGENCY MEDICAL ASSISTANCE, INC.

Current Principal Place of Business:

142 LOST BRIDGE DR.
PALM BEACH GARDENS, FL 33410

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:

HALPERN, MARCIA
142 LOST BRIDGE DR
PALM BEACH GARDENS, FL 33410 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 SACHS, FRAN
Address 1803 W COMMUNITY DR.
City-State-Zip: JUPITER FL 33458

Title TREA
Name HALPERN, MARCIA
Address 142 LOST BRIDGE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name ARMSTRONG, MAURA
Address 1838 TUDOR ROAD
City-State-Zip: NORTH PALM BEACH FL 33408

Title SEC
Name FORD, CATHERINE O.D.
Address 1183 OLD DIXIE HWT STE A
City-State-Zip: LAKE PARK FL 33403

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: MARCIA HALPERN

TREASURER

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date