

**2017 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	Title	TREA
Name	SACHS, FRAN	Name	HALPERN, MARCIA
Address	1803 W COMMUNITY DR.	Address	142 LOST BRIDGE DRIVE
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	PALM BEACH GARDENS FL 33410

*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**

**04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date