

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733862

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC1402630791**

**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            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**

**03/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date