

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747189

Entity Name: FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

FILED
Jan 28, 2013
Secretary of State
CC2084977530

Current Principal Place of Business:

515 NORTH JULIA STREET
316
JACKSONVILLE, FL 32202

Current Mailing Address:

PO BOX 358582
GAINESVILLE, FL 32635 US

FEI Number: 59-2747652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORELAND, CHARLES E
515 NORTH JULIA STREET
316
ORLANDO, FL 32202 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 TD
Name BAILEY, EDWIN
Address 911 SE FIFTH ST
City-State-Zip: GAINESVILLE FL 32801

Title PD
Name MORELAND, CHARLES E
Address 515 NORTH JULIA STREET RM# 316
City-State-Zip: JACKSONVILLE FL 32202

Title SD
Name QUILLIN, TOM
Address 1800-2 BLAIR STONE RD
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name QUILLIN, TOM
Address 1800-2 N BLAIR STONE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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: CHARLES MORELAND

PRESIDENT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date