

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747189

**Entity Name:** FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED**FILED**  
**Feb 21, 2018**  
**Secretary of State**  
**CC0732443965****Current Principal Place of Business:**2728 OAKDALE DR. W,  
ORANGE PARK, FL 32073**Current Mailing Address:**PO BOX 1490  
ORANGE PARK, FL 32067 US**FEI Number: 59-2747652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DRUM, CHRIS E  
2728 OAKDALE DR. W,  
ORANGE PARK, FL 32073 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: CHRIS DRUM****02/21/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title VP  
Name THEUS, HAROLD  
Address 911 SE FIFTH ST  
City-State-Zip: GAINESVILLE FL 32801Title PD  
Name DRUM, CHRIS  
Address 2101 SW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601Title SECRETARY  
Name TAYLOR, JEFF  
Address PO BOX 5038  
City-State-Zip: GAINESVILLE FL 32627Title PROGRAM ADMINISTRATOR  
Name HEATHERINGTON, MARCIE  
Address 2728 OAKDALE DR. W,  
City-State-Zip: ORANGE PARK FL 32073Title TREASURER  
Name PITTMAN, MIKE  
Address 1500 SW 1ST AVENUE  
City-State-Zip: OCALA FL 34471

*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: MARCIE HEATHERINGTON****PROGRAM  
ADMINISTRATOR****02/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date