

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003461

**Entity Name:** EMS PROVIDERS OF PALM BEACH COUNTY, INC

**Current Principal Place of Business:**

20 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

20 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**FEI Number:** 47-3660485

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKER, SEAN  
300 NORTH COUNTY ROAD  
PALM BEACH , FL 33480 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:** SEAN BAKER

04/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCCARTHY, THOMAS  
Address 600 WEST BLUE HERON BLVD  
City-State-Zip: RIVERIA BEACH FL 33404

Title VP  
Name FULLER, BRIAN  
Address 2995 JOG ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title S  
Name BESSETTE, CORY  
Address 20 SOUTH MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33415

Title T  
Name BAKER, SEAN  
Address 300 NORTH COUNTY ROAD  
City-State-Zip: PALM BEACH FL 33480

Title S  
Name ASHLEY, CRAIG  
Address 20 SOUTH MILITARY TRAIL  
City-State-Zip: WEST PALLM BEACH FL 33415

*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:** SEAN BAKER

**TREASURER**

04/17/2020

Electronic Signature of Signing Officer/Director Detail

Date