

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000013410

**Entity Name:** NATURE COAST EMERGENCY MEDICINE EDUCATION  
FOUNDATION INC

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**8764218930CC**

**Current Principal Place of Business:**

13266 BYRD DRIVE  
100 #804  
ODESSA, FL 33556

**Current Mailing Address:**

13266 BYRD DRIVE  
100 #804  
ODESSA, FL 33556

**FEI Number: 92-1225358**

**Certificate of Status Desired: No**

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

MARRERO, ALEX  
18489 N US HWY 41N  
#1289  
LUTZ, FL 33548 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 P  
Name MIRANDA, EDGAR  
Address 14633 GENEVA DR  
City-State-Zip: ODESSA FL 33556

Title VP  
Name TIRADO, ALFREDO  
Address 14100 BASSINGTHORPE DR  
City-State-Zip: SPRING HILL FL 34609

Title T  
Name LUGO, KATIA  
Address 12501 WETMORE CT  
City-State-Zip: ODESSA FL 33556

Title S  
Name MENDEZ, LORRAINE  
Address 3223 W PAUL AVE  
City-State-Zip: TAMPA FL 33611

Title VP  
Name LOMUREK, CHRISTOPHER  
Address 17031 KETTLE LANE, #406  
City-State-Zip: LAND O LAKES FL 34683

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: EDGAR MIRANDA**

**PRESIDENT**

**04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date