2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002107

Entity Name: COMMUNITY EMERGENCY MEDICAL SERVICE, INC.

FILED
Jan 12, 2015
Secretary of State
CC3872851134

Current Principal Place of Business:

25400 W. EIGHT MILE ROAD SOUTHFIELD, MI 48033

Current Mailing Address:

25400 W. EIGHT MILE ROAD SOUTHFIELD, MI 48033

FEI Number: 38-2410823 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 C	Title	D
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NameCOOPER, GERSONNameVIEDER, SANFORD D.O.Address25400 W. EIGHT MILE ROADAddress28050 GRAND RIVER AVENUECity-State-Zip:SOUTHFIELD MI 48033City-State-Zip:FARMINGTON HILLS MI 48336

Title D Title P

Name LACASSE, PAUL D.O. Name BEAUCHEMIN, GREG

Address 28050 GRAND RIVER AVENUE Address 25400 W. EIGHT MILE ROAD City-State-Zip: FARMINGTON HILLS MI 48336 City-State-Zip: SOUTHFIELD MI 48033

Title S Title T

Name VANDECAVEYE, LISA Name DOXTADER, REGINA

Address 28050 GRAND RIVER AVENUE Address 28050 GRAND RIVER AVENUE
City-State-Zip: FARMINGTON HILLS MI 48336 City-State-Zip: FARMINGTON HILLS MI 48336

Title DIRECTOR Title DIRECTOR

Name MASON, ROBERT Name CHRISTINE, OSTER

Address 25400 W. EIGHT MILE ROAD Address 25400 W. EIGHT MILE ROAD

City-State-Zip: SOUTHFIELD MI 48033

City-State-Zip: SOUTHFIELD MI 48033

Continues on page 2

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: LISA D. VANDECAVEYE

SECRETARY

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name NEMES, JOHN

Address 25400 W. EIGHT MILE ROAD

City-State-Zip: SOUTHFIELD MI 48033

Title DIRECTOR

Name DEKAR, THOMAS

Address 25400 W. EIGHT MILE ROAD

City-State-Zip: SOUTHFIELD MI 48033

Title DIRECTOR

Name DWYER, WILLIAM

Address 25400 W. EIGHT MILE ROAD

City-State-Zip: SOUTHFIELD MI 48033