

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 514404 (3)

1. Corporation Name

EMERGENCY MEDICAL TECHNOLOGY, INC.



Principal Place of Business

1050 POWELL DRIVE
RIVIERA BEACH FL 33404

Mailing Address

1050 POWELL DRIVE
RIVIERA BEACH FL 33404

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

LUMB, HENRY OLIVER JR
1050 POWELL DRIVE
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified
10/26/1976

3a. Date of Last Report
02/13/1995

4. FEI Number
59-1700552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person transferring responsibility for the state tax liability

NOTE: Registered Agent's signature is required when filing this report.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

PD
LUMB, HENRY OLIVER JR
1050 POWELL DRIVE
RIVIERA BEACH FL

2. TITLE ☐ DELETE

TD
LUMB, JOAN H.
1050 POWELL DR.
RIVIERA BEACH FL

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP ☐ Change ☐ Addition

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-ST-ZIP ☐ Change ☐ Addition

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-ST-ZIP ☐ Change ☐ Addition

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-ST-ZIP ☐ Change ☐ Addition

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-ST-ZIP ☐ Change ☐ Addition

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-ST-ZIP ☐ Change ☐ Addition

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry O. Lumb Jr.

HENRY O LUMB JR

2/12/96

407/842-3308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (12/95)