2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# 582639

Entity Name: WEST FLORIDA EMERGENCY MEDICINE, INC.

Current Principal Place of Business:

298 WEDGEWOOD LN
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1239
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-1920210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, GILLIS E JR.
422 N MAIN ST
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: PEADEN, JOHN W
Address: 4040 GUINEVERE CT
City-St-Zip: PENSACOLA, FL 32504

Title: PD
Name: PEADEN, DURELL JR
Address: 298 WEDGEWOOD LANE
City-St-Zip: CRESTVIEW, FL 32536

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DURELL PEADEN, JR. PD 03/07/2011

Electronic Signature of Signing Officer or Director — Date