

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733862

FILED
Apr 25, 2005
Secretary of State

Entity Name: EMERGENCY MEDICAL ASSISTANCE, INC.

Current Principal Place of Business:

PO BOX 33552
PALM BEACH GARDENS, FL 33420 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 33552
PALM BEACH GARDENS, FL 33420 US

New Mailing Address:

FEI Number: 51-0198610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALPERN, MARCIA
142 LOST BRIDGE DR
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: GEORGE, MILDRED
Address: 86 MCFARLANE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT () Delete
Name: HALPERN, MARCIA
Address: 142 LOST BRIDGE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DS () Delete
Name: WIRTZ-RYAN, JOANNE
Address: 624 CYPRESS GREEN CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DVP (X) Delete
Name: RYBOVICH, CINDY
Address: 220 34TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCIA HALPERN

DT

04/25/2005

Electronic Signature of Signing Officer or Director

Date