2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# 733862

Entity Name: EMERGENCY MEDICAL ASSISTANCE, INC.

Current Principal Place of Business:

142 LOST BRIDGE DR.
PALM BEACH GARDENS, FL 33410 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: PRES
Name: SACHS, FRAN
Address: 1803 W COMMUNITY DR.
City-St-Zip: JUPITER, FL 33458

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

Title: VP
Name: HOLBROOK, SONJA S
Address: 1543 SW THELMA
City-St-Zip: PALM CITY, FL 34490

Title: SEC
Name: FORD, CATHERINE O.D.
Address: 1183 OLD DIXIE HWT STE A
City-St-Zip: LAKE PARK, FL 33403 US

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: MARCIA HALPERN TREA 03/22/2011

Electronic Signature of Signing Officer or Director Date