


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 736695 (8)

1. Corporation Name

HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

4500 GEORGE BLVD.
P.O. BOX 1926
SEBRING FL 33872-58034500 GEORGE BLVD.
P.O. BOX 1926
SEBRING FL 33872-58033. Date Incorporated or Qualified
08/26/19763a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWAINE, J. MICHAEL
245 COMMERCE ST.
SEBRING FL 33870****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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, GROVER | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | IMSDAHL, CORY | |
| 1.3 STREET ADDRESS | 4500 George Blvd | |
| 1.4 CITY-ST-ZIP | Sebring, FL 33872 | |

| | | |
|----------------|-------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | HOUSH, MICHAEL | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--------------------------|--|
| 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | WALKER, DONALD | |
| 2.3 STREET ADDRESS | 4500 George Blvd | |
| 2.4 CITY-ST-ZIP | Sebring, FL 33872 | |

| | | |
|----------------|-------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | PECK, ANTHONY | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--------------------------|--|
| 3.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | HIGGINS, BARBARA | |
| 3.3 STREET ADDRESS | 4500 George Blvd | |
| 3.4 CITY-ST-ZIP | Sebring, FL 33872 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JASKOT, CAROLE | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEIGAND, RICHARD A | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WARD, JAMES O | |
| STREET ADDRESS | 4500 GEORGE BLVD | |
| CITY-ST-ZIP | SEBRING FL | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **CAROLE JASKOT**

29 APR 97

941-386-6630

Date

Daytime Phone # 0064440

CR2E037 (9/96)