## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

736695

(8)

## HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP

Principal Place of Business Mailing Address 4500 GEORGE BLVD. 4500 GEORGE BLVD. 3. Date Incorporated or Qualified P.O. BOX 1926 P.O. BOX 1926 <u>08/26/1976</u> SEBRING FL 33972-5803 SEBRING FL 33872-5803 4. FEI Number Applied For 59-1722231 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes X No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SWAINE, J. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 245 COMMERCE ST. 83 SEBRING FL 33870 84 Zip Code City

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.

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SIGNATURE _	Signature, typed or printed name of registored agent and title if applicable.	(NOTE:	Registered Agent signature requi	ired when reinstation	DATE	
12.	OFFICERS AND DIRECTORS				FICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE	7,001,010,010,1000,1000,10	☐ Change ☐	
NAME	IMSDAHL, CORY	,	1.2 NAME			3
STREET ADDRESS	4500 GEORGE BLVD		1.3 STREET ADDRESS			
	SEBRING FL					
CITY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition
TITLE		ן טבנבוב	I -		□ Guange ←	Addition
NAME	WALKER, DONALD		2.2 NAME			
STREET ADDRESS	4500 GEORGE BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL	0.F. F. C.	2. 4 CITY - ST - ZIP		[ a	1 Augusta
· TITLE		DELETE	3.1 TITLE		Change	Addition
NAME	HIGGINS, BARBARA		3.2 NAME			
STREET ADDRESS	4500 GEORGE BLVD		3.3 STREET ADDRESS			
CITY-ST-ZIP	Sebring Fl.		3.4. CITY-ST-ZIP		η	
TITLE	<b>T</b> / <i>U</i>	DELETE	4.1 TITLE		☐ Change 4	<b>LA</b> ddition
NAME	JASKOT, CAROLE		4. 2 NAME		`	,
STREET ADDRESS	4500 GEORGE BLVD		4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEBRING</b> FL		4.4 CITY - ST - ZIP			
TATLE	D 🔀	DELETE	5.1 TiTLE		Change	Addition
NAME	WEIGAND, RICHARD A		5.2 NAME			
STREET ADDRESS	#500 GEORGE BLVD		5.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	WARD, JAMES O		6.2 NAME			
STREET ADDRESS	4500 GEORGE BLVD		6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		6.4 CITY - ST - ZIP			

14. I 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.

CR2E037 (10/97)

FILED

Jul 02 1998 8:00am

Secretary of State