FILE NOW: FILING FEE IS $61.25

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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747189** **(9)**

1. Corporation Name

FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

Principal Place of Business	Mailing Address
716 WOODHILL DR LAKELAND FL 33813 US	716 WOODHILL DR LAKELAND FL 33813-2660 US

3. Date Incorporated or Qualified: 05/15/1979
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2747652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRAVEN, HARVEY
716 WOODHILL DR
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KIRK, FRANK		1.2 NAME	Judge, James	
STREET ADDRESS	200 WEST COUNTRY HOME RD		1.3 STREET ADDRESS	1840 25th Street	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	Vero Beach, Florida	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	JUDGE, JAMES		2.2 NAME	Flagg, Diane	
STREET ADDRESS	1840 25TH ST		2.3 STREET ADDRESS	3301 East Tamiami Trail	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Naples, Florida	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COOKSEY, MICHAEL		3.2 NAME		
STREET ADDRESS	700A SE 3RD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAVEN, HARVEY		4.2 NAME		
STREET ADDRESS	716 WOODHILL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VILLANI, DINO J		5.2 NAME		
STREET ADDRESS	1112 MANATEE AVE WEST SUITE 525		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALGOOD, JAMES		6.2 NAME		
STREET ADDRESS	2709 E HANNA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: Harvey Craven, Treasurer REQUIRED 1/14/97 941-534-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053070