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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747189

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2747652 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAVEN, HARVEY 716 WOODHILL DR LAKELAND FL 33813	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 Harvey Craven, Vice President 4-6-99
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	VP	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FLAGG, DIANE		1.2 NAME	Flagg, Diane	
STREET ADDRESS	3301 E TAMIAMI TRAIL		1.3 STREET ADDRESS	3301 East Tamiami Trail	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, Florida	
TITLE	P	☒ DELETE	2.1 TITLE	T/D	☐ Change ☒ Addition
NAME	JUDGE, JAMES		2.2 NAME	Frasier, James	
STREET ADDRESS	1840 25TH ST		2.3 STREET ADDRESS	1600 Ringling Blvd., 6th Floor	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Sarasota, Florida	
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	COOKSEY, MICHAEL		3.2 NAME	Burgess, Theresa	
STREET ADDRESS	700A SE 3RD ST		3.3 STREET ADDRESS	490 63rd Street, Suite 140	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Marathon, Florida	
TITLE	TD	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CRAVEN, HARVEY		4.2 NAME	Craven, Harvey	
STREET ADDRESS	716 WOODHILL DR		4.3 STREET ADDRESS	716 Woodhill Drive	
CITY-ST-ZIP	LAKELAND FL 33813		4.4 CITY-ST-ZIP	Lakeland, Florida 33813	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ALGOOD, JAMES		5.2 NAME	Judge, James	
STREET ADDRESS	2709 E HANNA AVE		5.3 STREET ADDRESS	1840 25th Street	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Vero Beach, Florida	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Harvey Craven, Vice President 4-6-99 941-534-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)