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 Busines
716 WOODHILL DR
LAKELAND FL 33813
US

Mailing Address

716 WOODHILL DR LAKELAND FL 33813

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90073 046 ****61.25



2. Principal Place of Business 2. Mailling Address 2. Mailling Address 3. Date Incorporated or Qualified 05/15/1979 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 59-2747652 City & State 28 Zip Country Zip Country 2. Suite 29 3. Oate Incorporated or Qualified 05/15/1979 6. Election Campaign Financing Trust Fund Contribution 9. Name and Address of Current Registered Agent CRAVEN, HARVEY 716 WOODHILL DR LAKELAND FL 33813 CRAVEN, HARVEY 11. Pursuant to the provisions of Section 517,0502 and 517,1508, Florida Statutes, the above-named corporation submits this statement for the conflice or registered Agent such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the conflice or registered Agent such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar and address of New Research Agent agrants are required when reinstating. SIGNATURE Harvey Craven, Vice President 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFITTIE TITLE VP NAME FLAGG, DIANE SIREET ADDRESS 3301 East Tamiami Trai 14CITY-ST-ZP NAPLES FL 14CITY-ST-ZP VERO BEACH FL 17 D 14CITY-ST-ZP VERO BEACH FL 24CITY-ST-ZP VERO BEA	FL purpose of cot the appoin 4-6-9 DATE FICERS AND	\$5 Add Agent 85 changing introduced a 299	Not	Aay Be Fees ode egistered stered
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14. I hereby certify that the information supplied with his 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 supplied 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 seeliver 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 an autachment with an address, with all other like empowered.

SIGNATURE: