2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# 747189

Entity Name: FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

Current Principal Place of Business:

3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 59-2747652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAVEN, HARVEY
716 WOODHILL DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: TANNACHION, CHARLES
Address: PO DRAWER 1529
City-St-Zip: NAPLES, FL

Title: TD ( ) Delete
Name: FREEMAN, DAVID
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete
Name: BAILEY, ROBERT
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete
Name: CRAVEN, HARVEY
Address: 716 WOODHILL DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: SD (X) Delete
Name: BAILEY, ROBERT
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ZAVADSKY, MATTHEW 2
Address: 123 W. INDIANA AVE, RM 401
City-St-Zip: DELAND, FL 32720

Title: VD (X) Change ( ) Addition
Name: FREEMAN, DAVID
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT ZAVADSKY TD 04/12/2004

Electronic Signature of Signing Officer or Director — Date