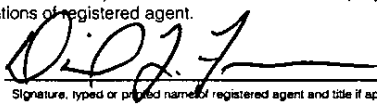
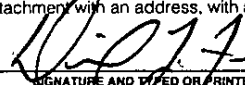


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 010 ****61.25

DOCUMENT # 747189 1. Entity Name FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED					
Principal Place of Business 3717 SOUTH CONWAY RD ORLANDO, FL 32812 US			Mailing Address 3717 SOUTH CONWAY RD ORLANDO, FL 32812 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2747652	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRAVEN, HARVEY 716 WOODHILL DR LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name David Freeman Street Address (P.O. Box Number is Not Acceptable) 2016 Buckminster Circle City Orlando, FL Zip Code 32803	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		David Freeman (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))		DATE 4-1-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	ZAVADSKY, MATTHEW 2		NAME	Zavadsky, Matthew 2	
STREET ADDRESS	123 W. INDIANA AVE, RM 401		STREET ADDRESS	123 W. Indiana Ave., Room 401	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland, Florida 32720	
TITLE	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	FREEMAN, DAVID		NAME	Freeman, David	
STREET ADDRESS	2016 BUCKMINSTER CIRCLE		STREET ADDRESS	2016 Buckminster Circle	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Orlando, Florida 32803	
TITLE	SD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	BAILEY, ROBERT		NAME	Kearns, Chuck	
STREET ADDRESS	1300 MICCOSUKEE RD		STREET ADDRESS	12490 Ulmerton Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Largo, Florida 33774	
TITLE	PD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CRAVEN, HARVEY		NAME	Vick, Randy	
STREET ADDRESS	716 WOODHILL DRIVE		STREET ADDRESS	615 North Bonita Avenue	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Panama City, Florida 32401	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		David Freeman, President (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		DATE 4-1-05	
				DAYTIME PHONE # 321-436-3128	