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

14001091

Principal Place of Business	Mailing Address
3717 SOUTH CONWAY RD ORLANDO, FL 32812 US	3717 SOUTH CONWAY RD ORLANDO, FL 32812 US

01202005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAVEN, HARVEY 716 WOODHILL DR LAKELAND, FL 33813	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 4-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZAVADSKY, MATTHEW 2 123 W. INDIANA AVE, RM 401 DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Zavadsky, Matthew 2 123 W. Indiana Ave., Room 401 Deland, Florida 32720	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FREEMAN, DAVID 2016 BUCKMINSTER CIRCLE ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Freeman, David 2016 Buckminster Circle Orlando, Florida 32803	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAILEY, ROBERT 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Kearns, Chuck 12490 Ulmerton Road Largo, Florida 33774	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAVEN, HARVEY 716 WOODHILL DRIVE LAKELAND, FL 33813	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vick, Randy 615 North Bonita Avenue Panama City, Florida 32401	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4-1-05 321-436-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #