## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747189** 

FILED Jan 14, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3717 SOUTH CONWAY RD ORLANDO, FL 32812 US

Current Mailing Address: New Mailing Address:

3717 SOUTH CONWAY RD ORLANDO, FL 32812 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FREEMAN, DAVID L 2016 BUCKMINSTER CIRLCE ORLANDO, FL 32803 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change () Addition

 Name:
 FREEMAN, DAVID L
 Name:

 Address:
 2016 BUCKMINSTER CIRCLE
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 KEARNS, CHUCK
 Name:
 PATTERSON, MIKE

 Address:
 12490 ULMERTON ROAD
 Address:
 120 ORIE GRIFFIN BLVD.

 City-St-Zip:
 LARGO, FL 33774
 City-St-Zip:
 PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID L. FREEMAN TD 01/14/2009