2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
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:

4401 VINELAND RD.
SUITE A-11
ORLANDO, FL 32811 US

Current Mailing Address:

3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

New Mailing Address:

P.O. BOX 560610
ORLANDO, FL 32856 US

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

Name and Address of Current Registered Agent:

FREEMAN, DAVID L
2016 BUCKMINSTER CIRLCE
ORLANDO, FL 32803 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
Name: FREEMAN, DAVID L
Address: 2016 BUCKMINSTER CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: PD
Name: PATTERSON, MIKE
Address: 120 ORIE GRIFFIN BLVD.
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: DAVID L. FREEMAN TD 01/06/2010
Electronic Signature of Signing Officer or Director Date