2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747189

Jan 05, 2012 Secretary of State

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

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

2002-A E. MICHIGAN ST. 515 NORTH JULIA STREET ORLANDO, FL 32806

316

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

PO BOX 358582 2002-A E. MICHIGAN ST.

ORLANDO, FL 32806 GAINESVILLE, FL 32635 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 MORELAND, CHARLES E 2016 BUCKMINSTER CIRLCE 515 NORTH JULIA STREET ORLANDO, FL 32803 316 ORLANDO, FL 32202 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.

01/05/2012 SIGNATURE: CHARLES MORELAND

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BAILEY, EDWIN Name: Address: 911 SE FIFTH ST City-St-Zip: GAINESVILLE, FL 32801

Title: PD

Name: MORELAND, CHARLES E

Address: 515 NORTH JULIA STREET RM# 316

City-St-Zip: JACKSONVILLE, FL 32202

Title: SD

QUILLIN, TOM Name:

1800-2 BLAIR STONE RD Address: City-St-Zip: TALLAHASSEE, FL 32308

Title: VΡ

Name:

JUDGE, JIM

2761 W OLD HIGHWAY 441 Address: City-St-Zip: MOUNT DORA, FL 32757

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: CHARLES E MORELAND

PD

01/05/2012