FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 757365 (2)

1. Corporation Name

PALM BEACH COUNTY PARAMEDICS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
714 N.E. 20TH LANE BOYNTON BCH. FL 33480 US	P. O. BOX 2084 PALM BCH. FL 33435 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1981
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2118698 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 714 N.E. 20th Lane	26 P.O. Box 2084
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Boynton Beach, Florida	28 Palm Beach, Florida
24 Zip 33435 / 25 Country U.S.A.	29 Zip 33480 / 30 Country U.S.A.

9. Name and Address of Current Registered Agent

TAPLIN, NORMAN E
777 S. FLAGLER DR. SUITE #1400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

31 Name: Norman E. Taplin
32 Street Address (P.O. Box Number is Not Acceptable): 250 Royal Palm Way,
33 Suite 300
34 City: Palm Beach FL 35 Zip Code: 33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	PERRON, R B	1.2 NAME	
STREET ADDRESS	13208 MARCELLA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAXTON, CHARLES M	2.2 NAME	
STREET ADDRESS	714 NE 20TH LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, REX	3.2 NAME	
STREET ADDRESS	846 SW MAGNOLIA BLUFF	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	FLEMING, FRANK J	4.2 NAME	
STREET ADDRESS	3203 VASSALO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Rex Davis, Director 2/9/95 (407)655-3822
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Daytime Phone #

0051602