

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757365 (2)
1. Corporation Name
PALM BEACH COUNTY PARAMEDICS ASSOCIATION, INC.



Principal Place of Business

**714 N.E. 20TH LANE
BOYNTON BCH. FL 33435
US**

Mailing Address

**P. O. BOX 2084
PALM BCH. FL 33480
US**

3. Date Incorporated or Qualified **04/02/1981** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **33480** 25 **U.S.A.** 29 **33480** 30 **U.S.A.**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TAPLIN, NORMAN E
250 ROYAL PALM WAY
SUITE 300
WEST PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sign (date, typed or printed name of registered agent, and if not applicable, date)

(If Officer Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERRON, R B	
STREET ADDRESS	13208 MARCELLA BLVD	
CITY - ST - ZIP	LOXAHATCHEE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAXTON, CHARLES M	
STREET ADDRESS	714 NE 20TH LN	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, REX	
STREET ADDRESS	846 SW MAGNOLIA BLUFF	
CITY - ST - ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLEMING, FRANK J	
STREET ADDRESS	3203 VASSALO AVE	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Charles M. Saxton* - Charles M. Saxton 1/25/96 (407) 655-3842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

CR2E037 (12/95)