

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 005 ****70.00

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1. Entity Name
EMERGENCY MEDICAL FOUNDATION, INC.



Principal Place of Business
**112 CARSWELL AVE.
HOLLY HILL, FL 32117 US**

Mailing Address
**P O BOX 6045
DAYTONA BEACH, FL 32122 US**

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2110001

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIEHM, TRACEY S
112 CARSWELL AVE.
HOLLY HILL, FL 32117**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRUNO, FRANK
STREET ADDRESS 4330 CANDLEWOOD LN.
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE PD
NAME BOLERJACK, DANIEL J
STREET ADDRESS 42 S. PENINSULA DRIVE.
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE SD
NAME RYAN, JAMES
STREET ADDRESS 49 KAYTON DR
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE D
NAME JOHNSON, MR. JOE
STREET ADDRESS 1055 SAXON BLVD
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE D
NAME REES, MR. RON
STREET ADDRESS P.O. BOX 2830
CITY-ST-ZIP DAYTONA BEACH, FL 32120

TITLE D
NAME BAKER, BARRY
STREET ADDRESS 22 S BEACH ST
CITY-ST-ZIP ORMOND BEACH, FL 32174

see attached list

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracey S Riehm Tracey S. Riehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07

Date

(386) 252-4900

Daytime Phone #