2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759143

FILED Jan 06, 2009 Secretary of State

Entity Name: EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:	New Principal Place of Business:		
112 CARSWELL AVE. HOLLY HILL, FL 32117 US			
Current Mailing Address:	New Mailing Address:		
P O BOX 6045 DAYTONA BEACH, FL 32122 US			
FEI Number: 59-2110001 FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired()	
Name and Address of Current Registered Agent:	d Address of Current Registered Agent: Name and Address of New Registered Agen		
RIEHM, TRACEY S 112 CARSWELL AVE. HOLLY HILL, FL 32117 US	RIEHM, TRACEY S CFO 112 CARSWELL AVE. HOLLY HILL, FL 32117	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.

SIGNATUR	GIGNATURE: TRACEY S. RIEHM 01/06/2009		01/06/2009	
	Electronic Signature of Registered Agent	Date		
OFFICERS AND DIRECTORS: ADDITIONS/		NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:	142 E. NEW YORK AVE	
Title: Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SD () Delete RYAN, JAMES 49 KAYTON DR DAYTONA BEACH, FL 32124	Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, MR. JOE 1055 SAXON BLVD ORANGE CITY, FL 32763	Title: Name: Address: City-St-Zip:	42 S. PENINSULA DR	
Title: Name: Address: City-St-Zip:	D () Delete REES, MR. RON P.O. BOX 2830 DAYTONA BEACH, FL 32120	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BAKER, BARRY 22 S BEACH ST ORMOND BEACH, FL 32174	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE:	TRACEY S. RIEHM	CFO	01/06/2009
	Electronic Signature of Signing Officer or Director		Date