

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759143

FILED
Jan 04, 2011
Secretary of State

Entity Name: EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

112 CARSWELL AVE.
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6045
DAYTONA BEACH, FL 32122 US

New Mailing Address:

FEI Number: 59-2110001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAMPUTARO, GAIL PRESIDE
Address: PO BOX 671
City-St-Zip: DAYTONA BEACH, FL 32115

Title: VP
Name: HENRY, TERENCE VP
Address: 701 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: TR
Name: BOLERJACK, DANIEL TREASUR
Address: 42 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D
Name: DINNEEN, JAMES
Address: 123 W. INDIANA AVENUE, 3RD FLOOR
City-St-Zip: DELAND, FL 32720

Title: D
Name: BRUNO, FRANK
Address: 123 W. INDIANA AVENUE, 3RD FLOOR
City-St-Zip: DELAND, FL 32720

Title: D
Name: JOHNSON, BEN
Address: P.O. BOX 569
City-St-Zip: DELAND, FL 32721

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: TRACEY S. RIEHM

CFO

01/04/2011

Electronic Signature of Signing Officer or Director

Date