

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90175 018 ****61.25

DOCUMENT # 759143

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2110001**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Tracey S Riehm

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **PAUL, HARIAN L**
STREET ADDRESS **P.O. BOX 2087**
CITY-ST-ZIP **DELAND FL 32721**

TITLE **D** ☐ Change ☒ Addition
NAME **Mr. Barry Baker**
STREET ADDRESS **22 S. Beach St.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Mr. Frank Bruno**
STREET ADDRESS **4330 Candlewood Ln.**
CITY-ST-ZIP **Ponce Inlet, FL 32127**

TITLE **ST** ☐ Delete
NAME **HUSTER, DR. RICHARD**
STREET ADDRESS **740 W. PLYMOUTH AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Change ☒ Addition
NAME **Mrs. Cynthia Cote**
STREET ADDRESS **123 W. Indiana Ave.**
CITY-ST-ZIP **DeLand, FL 32720**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Mr. John Shedd**
STREET ADDRESS **9128 NW Hwy 225A**
CITY-ST-ZIP **Ocala, FL 34482**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Mr. James Ryan**
STREET ADDRESS **49 Keyton Dr.**
CITY-ST-ZIP **Daytona Beach, FL 32124**

TITLE **D** ☒ Delete
NAME **ANDERSON, CHIET W**
STREET ADDRESS **219 W. HOWRY AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ Change ☒ Addition
NAME **Mr. James Vandergriff**
STREET ADDRESS **20 Richmond Dr.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **REQUIRED**

1/13/03

386-252-4900

CR2E037 (10/02)