
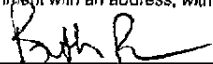


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 764316		
1. Entity Name FLORIDA ASSOCIATION OF EMS MEDICAL DIRECTORS, INC.		
Principal Place of Business 3717 S CONWAY RD ORLANDO, FL 32812		Mailing Address 3717 S CONWAY RD ORLANDO, FL 32812
DO NOT WRITE IN THIS SPACE		
		 01262006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2888283		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRUNNER, BETH P DIR 3717 S CONWAY RD ORLANDO, FL 32812		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNNER, BETH P D 3717 S CONWAY RD ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCPHERSON, JOHN 3717 SOUTH CONWAY ROAD ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOZANO, MIKE 3717 SOUTH CONWAY ROAD ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RALLS, GEORGE 3717 SOUTH CONWAY ROAD ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/27/06 407-281-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #