FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 767364 (3)

1. Corporation Name

COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES,INC.

Principal Place of Business	Mailing Address
11 W UNIVERSITY AVE STE 7 GAINESVILLE FL 32601	11 W UNIVERSITY AVE STE 7 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1983
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2428204 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORMLEY, CAROL J. 11 W UNIV AVE STE 7 GAINESVILLE FL 32601	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE	DT	☒ Change ☐ Addition
NAME	MCDONALD, MUREL	12 NAME	William Irby	
STREET ADDRESS	224 PINE AVE	13 STREET ADDRESS	1024 NE 14th St	
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	Gainesville FL	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	MCMURRER, MIKE	22 NAME	Cliff Chapman	
STREET ADDRESS	300 SW COLLEGE RD	23 STREET ADDRESS	700 SE 3rd St	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Gainesville FL	
TITLE	DP	31 TITLE	DP	☒ Change ☐ Addition
NAME	HOWARD, JIM	32 NAME	Charles Tannachion	
STREET ADDRESS	1600 SW 16TH AVE	33 STREET ADDRESS	SR 247 Branford Highway	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Lake City FL	
TITLE	DS	41 TITLE	DS	☒ Change ☐ Addition
NAME	LAYTON, BILL	42 NAME	Nelson Green	
STREET ADDRESS	221 SW 11TH ST	43 STREET ADDRESS	812-A North Grand St	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Starke FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Charles Tannachion 01/27/95 (904) 955-2264
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0002030