

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767364 (3)
1. Corporation Name
COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES, INC.



Principal Place of Business 11 W UNIVERSITY AVE STE 7 GAINESVILLE FL 32601	Mailing Address 11 W UNIVERSITY AVE STE 7 GAINESVILLE FL 32601-3326
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1983		3a. Date of Last Report 02/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2428204		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	IRBY, WILLIAM			1.2 NAME	COOKSEY, MICHAEL		
STREET ADDRESS	1024 NE 14 STREET			1.3 STREET ADDRESS	309 NE 39TH AVENUE		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	GAINESVILLE, FL		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, CLIFF			2.2 NAME	LAYTON, WILLIAM		
STREET ADDRESS	700 SE 3RD ST			2.3 STREET ADDRESS	PO BOX 6000 N/A		
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP	OCALA, FL		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TANNACHION, CHARLES			3.2 NAME	BRITTIN, DAVID		
STREET ADDRESS	SR 247 BRANFORD HWY			3.3 STREET ADDRESS	RT. 1, BOX 809, E-4		
CITY-ST-ZIP	LAKE CITY FL			3.4 CITY-ST-ZIP	NEWBERRY, FL		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREEN, NELSON			4.2 NAME	PATTERSON, MICHAEL		
STREET ADDRESS	812-A NORTH GRAND ST			4.3 STREET ADDRESS	1106 TIERRA WOODS DRIVE		
CITY-ST-ZIP	STARKE FL			4.4 CITY-ST-ZIP	PALATKA, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: MICHAEL COOKSEY 3/12/97 (352) 955-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010499

CR2E037 (9/96)