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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767364

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**



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/09/1983 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2428204 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Country | |
| 24 | | 29 | | 30 | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COOKSEY, MICHAEL | 1.2 NAME | GREEN, NELSON |
| STREET ADDRESS | 309 N.E. 39TH AVE. | 1.3 STREET ADDRESS | 945C NORTH TEMPLE AVENUE |
| CITY-ST-ZIP | GAINESVILLE FL | 1.4 CITY-ST-ZIP | STARKE, FL |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAYTON, WILLIAM | 2.2 NAME | LAYTON, WILLIAM |
| STREET ADDRESS | P.O. BOX 6000 N/A | 2.3 STREET ADDRESS | 507 S.E. 1ST AVENUE |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | OCALA, FL |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRITTIN, DAVID | 3.2 NAME | CHAPMAN, CLIFF |
| STREET ADDRESS | RT. 1, BOX 809, E-4 | 3.3 STREET ADDRESS | 309 N.E. 39TH AVENUE |
| CITY-ST-ZIP | NEWBERRY FL | 3.4 CITY-ST-ZIP | GAINESVILLE, FL |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATTERSON, MICHAEL | 4.2 NAME | HOWARD, JIM |
| STREET ADDRESS | 1106 TIERRA WOODS DRIVE | 4.3 STREET ADDRESS | 1600 SHEALY DRIVE |
| CITY-ST-ZIP | PALATKA FL | 4.4 CITY-ST-ZIP | GAINESVILLE, 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/99

Date

(352) 955-2264

Daytime Phone #

CR2E037 (1/98)