

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767364

FILED
Mar 14, 2002 8:00 AM
Secretary of State

Entity Name: COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES,INC.

Current Principal Place of Business:

18 NW 33RD CT
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

18 NW 33RD CT
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2428204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSINI, EDITH M
18 NW 33RD CT
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, NELSON
Address: 945C NORTH TEMPLE AVE
City-St-Zip: STARKE, FL 32091 US

Title: VD () Delete
Name: LAYTON, WILLIAM
Address: 507 SE 1 AVE/PO BO X 6000
City-St-Zip: OCALA, FL 34478 US

Title: TD () Delete
Name: CHAPMAN, CLIFF
Address: 309 NE 39 AVE / PO BOX 548
City-St-Zip: GAINESVILLE, FL 32602 US

Title: SD () Delete
Name: HOWARD, JIM
Address: 1600 SHEALY DR / PO BOX 100335
City-St-Zip: GAINESVILLE, FL 32610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LAYTON, WILLIAM
Address: 507 SE 1 AVE / PO BOX 6000
City-St-Zip: OCALA, FL 34478 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON GREEN

PD

03/14/2002

Electronic Signature of Signing Officer or Director

Date