

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767364

FILED
Feb 19, 2004
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: REED, CHAD
Address: 100 US HIGHWAY 19 / PO BOX 2009
City-St-Zip: CROSS CITY, FL 32628 US

Title: VD () Delete
Name: PATTERSON, MIKE
Address: 1802 N HIGHWAY 19
City-St-Zip: PALATKA, FL 32177 US

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

Title: SD (X) Delete
Name: POLISENO, CHARLES
Address: 3600 W SOVEREGIN PATH SUITE 291
City-St-Zip: LECANTO, F 34461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REED, CHAD
Address: PO BOX 2009
City-St-Zip: CROSS CITY, FL 326282009 US

Title: VD (X) Change () Addition
Name: CHAPMAN, CLIFF
Address: PO BOX 548
City-St-Zip: GAINESVILLE, FL 32602 US

Title: SD (X) Change () Addition
Name: PATTERSON, MICHAEL
Address: 1106 TERRACE WOODS
City-St-Zip: PALATKA, FL 32177 US

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: EDITH M. ORSINI

ED

02/19/2004

Electronic Signature of Signing Officer or Director

Date