

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767364

FILED
Apr 04, 2007
Secretary of State

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

Current Principal Place of Business:

1015 NW 56 TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

Current Mailing Address:

1015 NW 56 TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

FEI Number: 59-2428204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, STEVEN J
1015 NW 56 TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

OLIVA, STEVEN J
1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

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:

04/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, CHAD
Address: PO BOX 1206
City-St-Zip: CROSS CITY, FL 32628 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: STEVEN J OLIVA

RA

04/04/2007

Electronic Signature of Signing Officer or Director

Date