

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767364

FILED
Apr 11, 2012
Secretary of State

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

Current Principal Place of Business:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 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:

OLIVA, STEVEN J
1785 NW 80TH BLVD.
GAINESVILLE, FL 32606 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
Name: MEURER, DAVID A MD
Address: BOX 100186
City-St-Zip: GAINESVILLE, FL 32610 US

Title: VD
Name: KAUFMAN, CARL EMT-P
Address: 2241 NE 40TH STREET
City-St-Zip: OCALA, FL 34479 US

Title: TD
Name: HOWARD, GWEN THOMAS
Address: 206 LAKE RAY ROAD
City-St-Zip: HAWTHORNES, FL 32640

I hereby 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 all other like empowered.

SIGNATURE: STEVEN J. OLIVA

CEO

04/11/2012

Electronic Signature of Signing Officer or Director

Date