

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768812

**FILED**  
**Apr 23, 2004**  
**Secretary of State****Entity Name:** MANATEE COUNTY EMERGENCY MEDICAL SERVICES AUXILIARY, INCORPORATED**Current Principal Place of Business:**421 17TH AVENUE WEST  
BRADENTON, FL 342058315**New Principal Place of Business:****Current Mailing Address:**421 17TH AVENUE WEST  
BRADENTON, FL 342058315**New Mailing Address:****FEI Number:** 59-2312113**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EDENFIELD, MARK  
1112 MANATEE AVE. WEST  
SUITE 525  
BRADENTON, FL 34205 US**Name and Address of New Registered Agent:**MATSON, DIANE L  
421 17TH AVE W  
BRADENTON, FL 34205 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: DIANE L MATSON

04/23/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SKUKOWSKI, MARK  
Address: 5123 ITHACA LANE  
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete  
Name: GRIFFIN, RICHARD  
Address: 12800 VONNA RD.  
City-St-Zip: LARGO, FL 33774

Title: DS ( ) Delete  
Name: MATSON, DIANE  
Address: 1007 51ST AVENUE EAST  
City-St-Zip: BRADENTON, FL 34203

Title: T ( ) Delete  
Name: MCMILLEN, DONA  
Address: 3605 60TH ST. W  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MATSON, DIANE  
Address: 6122 TURNBURY PK DR APT 9203  
City-St-Zip: SARASOTA, FL 34243

Title: V (X) Change ( ) Addition  
Name: COLAVITO, CLARA  
Address: 220 47TH ST W  
City-St-Zip: BRADENTON, FL 34209

Title: DS (X) Change ( ) Addition  
Name: ROSSI, FRANCESCA  
Address: 4012 14TH AVE W  
City-St-Zip: BRADENTON, FL 34205

Title: T (X) Change ( ) Addition  
Name: BOUKNIGHT, MALISSA  
Address: 11425 CARLTON RD  
City-St-Zip: DUETTE, FL 33934

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: DIANE L MATSON

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date