

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768812

FILED
Feb 02, 2005
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:

MATSON, DIANE L
421 17TH AVE W
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

T. ROSSI, FRANCESCA
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: FRANCESCA T. ROSSI

02/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: T. ROSSI, FRANCESCA
Address: 4012 14TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

Title: V (X) Change () Addition
Name: WILLIAMSON, GENIE
Address: 8466 N. LOCKWOOD RIDGE #329
City-St-Zip: SARASOTA, FL 34243

Title: DS (X) Change () Addition
Name: FILIPPI, JEFF
Address: 3616 75TH DRIVE EAST
City-St-Zip: SARASOTA, FL 34243

Title: T (X) Change () Addition
Name: DONATH, JASON
Address: 2135 WORRINGTON STREET
City-St-Zip: SARASOTA, FL 34231

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: FRANCESCA T. ROSSI

PD

02/02/2005

Electronic Signature of Signing Officer or Director

Date