

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768812

FILED
Mar 07, 2007
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:

1112 MANATEE AVENUE WEST SUITE 525
BRADENTON, FL 34205

Current Mailing Address:

421 17TH AVENUE WEST
BRADENTON, FL 342058315

New Mailing Address:

1112 MANATEE AVENUE WEST SUITE 525
BRADENTON, FL 34205

FEI Number: 59-2312113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

T. ROSSI, FRANCESCA
421 17TH AVE W
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

T. ROSSI, FRANCESCA
1112 MANATEE AVENUE WEST SUITE 525
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

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: WILLIAMSON, GENIE
Address: 1616 13TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: DS () Delete
Name: SULLIVAN, SHEILA
Address: 3616 75TH DRIVE EAST
City-St-Zip: SARASOTA, FL 34243

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SULLIVAN, SHEILA
Address: 1616 13TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: T (X) Change () Addition
Name: GALLAGHER, JANET
Address: 10421 OLD GROVE CL
City-St-Zip: BRADENTON, FL 34212

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: FRANCESCA T. ROSSI

PD

03/07/2007

Electronic Signature of Signing Officer or Director

Date