FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K50818** **(9)**

1. Corporation Name

JACKSONVILLE EMERGENCY CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8282 WOODGROVE RD. JACKSONVILLE FL 32256	8282 WOODGROVE RD. JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: **12/13/1988**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-2924836** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
Name	PEREZ-POVEDA, J R	1.2 NAME	
Street Address	8282 WOODGROVE RD.	1.3 STREET ADDRESS	
City-St-Zip	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
Title	VS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
Name	ALEMAN, JAIME	2.2 NAME	
Street Address	10275 TRIPLE CROWN RD.	2.3 STREET ADDRESS	
City-St-Zip	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
Title	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
Name	GYARMATHY, RAYMOND	3.2 NAME	
Street Address	158 OCEANWAY DR. SOUTH	3.3 STREET ADDRESS	
City-St-Zip	ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP	
Title	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
Name	AUNG-DIN, KENNETH	4.2 NAME	
Street Address	4652 MEADOW RUN PL.	4.3 STREET ADDRESS	
City-St-Zip	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	
Title	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
Name	Steven M. Blake	5.2 NAME	
Street Address	8217 Hampton Lake Ln.	5.3 STREET ADDRESS	
City-St-Zip	Jacksonville, FL 32256	5.4 CITY-ST-ZIP	
Title	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
Name		6.2 NAME	
Street Address		6.3 STREET ADDRESS	
City-St-Zip		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. R. Perez-Poveda 1/29/50 (904) 641-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #