

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90115 016 \*\*\*150.00

DOCUMENT # K50818

1. Corporation Name

JACKSONVILLE EMERGENCY CONSULTANTS, INC.

Principal Place of Business

8282 WOODGROVE RD.  
JACKSONVILLE FL 32256

Mailing Address

8282 WOODGROVE RD.  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1988

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 Sections 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME PEREZ-POVEDA, J R  
STREET ADDRESS 8282 WOODGROVE RD.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VS  
NAME ALEMAN, JAIME  
STREET ADDRESS 8539 HUNTER'S CREEK DRIVE N  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE V  
NAME GYARMATHY, RAYMOND  
STREET ADDRESS 158 OCEANWAY DR. SOUTH  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE V  
NAME AUNG-DIN, KENNETH  
STREET ADDRESS 8658 PEBBLE CREEK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D  
NAME BLAKE, STEVEN M  
STREET ADDRESS 8217 HAMPTON LAKE LN  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME ALONSO, LEONARDO  
STREET ADDRESS 831 CHICOPIT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Menze, Roger  
1.3 STREET ADDRESS 10090 Deerwood Club Rd  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

2.1 TITLE D  
2.2 NAME OLIVER, Radames  
2.3 STREET ADDRESS 8110 Middle Fork Way  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE D  
3.2 NAME Papavasiliou, John  
3.3 STREET ADDRESS 14314 Nature Bridge Ln.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32224

4.1 TITLE D  
4.2 NAME Weller, Lawrence  
4.3 STREET ADDRESS 13700 Sutton Park Dr. N. APT 321  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32224

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

J.R. Perez-Poveda

1/20/98 (904) 641-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)