

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # K96664

1. Entity Name

BASIC TRAUMA LIFE SUPPORT OF FLORIDA, INC.



Principal Place of Business

**3717 S CONWAY ROAD
ORLANDO, FL 32812-7607 US**

Mailing Address

**3717 S. CONWAY ROAD
ORLANDO, FL 32812-4607 US**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2959442** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUNNER, BETH P EX DIR
3717 S. CONWAY RD
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

GIANAS, PETE

STREET ADDRESS

43434 SEMINOLE

CITY - ST - ZIP

STARKE, FL 32091

TITLE

D

NAME

NELSON, JOE, D.O.

STREET ADDRESS

5551 NW 9TH AVENUE

CITY - ST - ZIP

FT. LAUDERDALE, FL 33309

TITLE

RA

NAME

BRUNNER, BETH P.

STREET ADDRESS

3717 S CONWAY RD

CITY - ST - ZIP

ORLANDO, FL 32812

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

UN00000411084
02/09/06-80063-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/27/06

407-281-7346