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PROFIT 1996



FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS (0)L57055 **DOCUMENT #** Corporation Name FLORIDA EMERGENCY CONSULTANTS, INC. Mailing Address Principal Place of Business 2240 SOUTH AIRPORT RD 2240 SOUTH AIRPORT RD TRAVERSE CITY MI 49684 TRAVERSE CITY MI 49684 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1990 03/21/1995 4. FFt Number Applied For 2a. Mailing Address 2. Principal Place of Business 38-2922782 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Ζφ Country Yes K No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 Zip Code 84 85 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (No.1): Registered Agent signature required when reinstating Signature, typed or printed name of registeremages Landit tid if as pic asse ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Add:tion D 1.5 100.6 TITLE JOHNSON, JAMES M. 1.2 NAME NAME 2240 S. AIRPORT RD. 1.3 STREET ADDRESS STREET ADDRESS TRAVERSE CITY MI 1.4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE WILLIAMS, ROBERT M. 2.2 NAME MANAG 2240 S. AIRPORT RD. 23 STREET ADDRESS STREET ADDRESS TRAVERSE CITY MI 24 CHTY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 3.1 JULE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$! - 2IF CiTY - ST - ZIP Change ☐ Add tion DELETE 4 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP CITY-ST-ZIP 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)(k), 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 aridress.

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SIGNATURE:

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JAMES M. Johnson, MD SIGNATURE AND I

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