

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80655

FILED
Apr 11, 2005
Secretary of State

Entity Name: EMERGENCY MEDICAL SUPPLY CO.

Current Principal Place of Business:

16956 S. MCGREGOR BLVD.
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61036
FORT MYERS, FL 339061036

New Mailing Address:

P.O. BOX 28546
JACKSONVILLE, FL 32226

FEI Number: 65-0399853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, T.W.
16956 S. MCGREGOR BLVD.
FORT MYERS, FL 33906 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MYERS, T.W.,
Address: 16956 S. MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.W.MYERS

DIR

04/11/2005

Electronic Signature of Signing Officer or Director

Date