

2004 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90479 001 ***300.00

0537949

DOCUMENT # M96859

1. Entity Name

AMERICAN MEDIC OF CHARLOTTE COUNTY, P.A.

Principal Place of Business

% PAIGE V. KREEGEL
2343 AARON RD
PORT CHARLOTTE FL 33952

Mailing Address

% PAIGE V. KREEGEL
2343 AARON RD
PORT CHARLOTTE FL 33952

26317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2343 AARON ST

3. Mailing Address

2343 AARON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number 65-0070709

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREEGEL, PAIGE V.
2335 AARON ST.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name KALOSIS, JOHN J.

Street Address (P.O. Box Number is Not Acceptable)

2343 AARON ST.

City PORT CHARLOTTE

FL

Zip Code 33952

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/9/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	NAME	KREEGEL, PAIGE V.	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE	VP	NAME	MYERS, JOHN	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE	S	NAME	BURGESS, RAYMOND R	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	NAME	KREEGEL PAIGE V.	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRESIDENT	NAME	KALOSIS, JOHN J.	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DIRECTOR	NAME	DASH, JEFFREY	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DIRECTOR	NAME	FERNANDEZ, LUIS	STREET ADDRESS	2343 AARON ST	CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

941-629-2902

Daytime Phone #

CR2E034 (10/00)