

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000665

FILED
Jan 22, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA DISASTER MEDICAL TEAM INC

Current Principal Place of Business:

1611 MANZANA AVE.
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

25591 TECHNOLOGY BLVD.
PUNTA GORDA, FL 33950 US

Current Mailing Address:

1153 SE 32 TERRACE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 46-0486829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWLES, CONNIE L ADMIN
1153 SE 32ND TERRACE
CAPE CORAL, FL 33904 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

OFFICERS AND DIRECTORS:

Title: AO () Delete
Name: BOWLES, CONNIE L ADMIN
Address: 1153 SE 32ND TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: DUC () Delete
Name: GOTTSCHALK, BRUCE
Address: 608 SOUTH EAST 30TH LANE
City-St-Zip: CAPE CORAL, FL 33904

Title: UC () Delete
Name: HENDRICKSON, ROBERT
Address: 3300 SCENIC VIEW DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE L BOWLES

AO

01/22/2009

Electronic Signature of Signing Officer or Director

Date