

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000665

FILED
Jan 05, 2011
Secretary of State

Entity Name: SOUTHWEST FLORIDA DISASTER MEDICAL TEAM INC

Current Principal Place of Business:

25591 TECHNOLOGY BLVD.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

608 SE 30 LANE
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 46-0486829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTSCHALK, BRUCE L VP
608 SE 30 LANE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

GOTTSCHALK, BRUCE L
608 SE 30 LANE
CAPE CORAL, FL 33904 US

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: BRUCE GOTTSCHALK

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SEC.
Name: BOWLES, CONNIE L
Address: 1153 SE 32ND TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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

Title: PRES
Name: HENDRICKSON, ROBERT
Address: 3300 SCENIC VIEW DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: BRUCE GOTTSCHALK

VP

01/05/2011

Electronic Signature of Signing Officer or Director

Date