

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90025 018 ****61.25

DOCUMENT # N00000004386

1. Entity Name
LAKE-SUMTER EMERGENCY MEDICAL SERVICES, INC.



Principal Place of Business

**2761 W OLD HWY 441
MOUNT DORA, FL 32757**

Mailing Address

**2761 W OLD HWY 441
MOUNT DORA, FL 32757**

44015082



DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3662117

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, BRUCE ATT
308 E 5TH AVE
MOUNT DORA, FL 32757**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CADWELL, WELTON G
315 W. MAIN ST
TAVARES, FL 32778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STRICKLAND, BENNY
209 N. FLORIDA ST
BUSHNELL, FL 33513**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELSWICK, SHANNON
P.O. BOX 121277
CLERMONT, FL 34712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WATKINS, JAMES C
550 W. MAIN ST
TAVARES, FL 32778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SHUMAKER, CECIL
1314 HOWARD RD
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOORE, ROBERT
PO BOX
TAVARES, FL 32778**

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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #