

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004386

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** LAKE-SUMTER EMERGENCY MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

2761 W OLD HWY 441  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

2761 W OLD HWY 441  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-3662117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNCAN, BRUCE ATT  
308 E 5TH AVE  
MOUNT DORA, FL 32757 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: D ( ) Delete  
Name: CADWELL, WELTON G  
Address: 315 W. MAIN ST  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: STRICKLAND, BENNY  
Address: 209 N. FLORIDA ST  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: ELSWICK, SHANNON  
Address: P.O. BOX 121277  
City-St-Zip: CLERMONT, FL 34712

Title: TD ( ) Delete  
Name: WATKINS, JAMES C  
Address: 550 W. MAIN ST  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: SHUMAKER, CECIL  
Address: 1314 HOWARD RD  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: MOORE, ROBERT  
Address: PO BOX  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: HOFFMAN, RICHARD  
Address: 209 N. FLORIDA ST  
City-St-Zip: BUSHNELL, FL 33513

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

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

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

Title: D (X) Change ( ) Addition  
Name: ROYCE, FRANK  
Address: PO BOX 68  
City-St-Zip: EUSTIS, FL 32727

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMI CRAIG

MS.

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date