

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004386

FILED
Jan 12, 2007
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:

MINKOFF, SANDY ATT
2761 W OLD HWY 441
MOUNT DORA, FL 32757 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: SANDY MINKOFF

01/12/2007

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: HOFFMAN, RICHARD
Address: 209 N. FLORIDA ST
City-St-Zip: BUSHNELL, FL 33513

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: ROYCE, FRANK
Address: PO BOX 68
City-St-Zip: EUSTIS, FL 32727

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: CADWELL, WELTON G
Address: 315 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

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

Title: MR (X) Change () Addition
Name: WATKINS, JAMES C
Address: 550 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

Title: MR (X) Change () Addition
Name: SHUMAKER, CECIL
Address: 1314 HOWARD RD
City-St-Zip: LEESBURG, FL 34748

Title: MR (X) Change () Addition
Name: BELL, CARL W
Address: 214 MONTOYA DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: MR () Change (X) Addition
Name: WOLF, ED
Address: 100 NORTH MAINT STREET
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDY MINKOFF

MR.

01/12/2007

Electronic Signature of Signing Officer or Director

Date