

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004386

FILED
Jan 20, 2009
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:

MINKOFF, SANDY ATT
2761 W OLD HWY 441
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: MR () Delete
Name: CADWELL, WELTON G
Address: 315 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

Title: MR () Delete
Name: HOFFMAN, RICHARD
Address: 8033 EAST CR 466, SUITE #100
City-St-Zip: LADY LAKE, FL 32162

Title: MR () Delete
Name: KELLY, NEIL
Address: 550 W. MAIN ST
City-St-Zip: TAVARES, FL 32778

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

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

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

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:

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

Title: MR (X) Change () Addition
Name: MATTISON, KEN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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: MARILYN SONN, FINANCE MANAGER

MS

01/20/2009

Electronic Signature of Signing Officer or Director

Date