

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90072 030 ****61.25

DOCUMENT # N00000004386

1. Entity Name

LAKE-SUMTER EMERGENCY MEDICAL SERVICES, INC.



Principal Place of Business

**315 W MAIN STREET
TAVARES FL 32778**

Mailing Address

**P O BOX 7800
TAVARES FL**

2. Principal Place of Business

**2761 West Old HWY 441
Suite, Apt. #, etc.**

3. Mailing Address

**2761 West Old Hwy 441
Suite, Apt. #, etc.**

City & State

Mt Dora, FL 32757

City & State

Mt Dora, FL 32757

4. FEI Number **59-3662117**

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINKOFF, SANFORD A.
315 W MAIN STREET
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

Bruce G. Duncan, Attorney

Street Address (P.O. Box Number is Not Acceptable)

308 E 5th Ave

City

Mt Dora

FL

Zip Code

32757

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

Bruce G. Duncan, Attorney
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D Robert Moore**
STREET ADDRESS **P O Box**
CITY-ST-ZIP **Tavares, FL 32778**

TITLE ☐ Change ☒ Addition
NAME **D Ed Wolf**
STREET ADDRESS **100 North Main St**
CITY-ST-ZIP **Wildwood, FL 34785**

TITLE ☐ Change ☒ Addition
NAME **D Dennis Rogers**
STREET ADDRESS **5434 Cr 122 N.**
CITY-ST-ZIP **Wildwood, FL 34785**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Bruce G. Duncan, Attorney

3-5-03

352-326-0535

CR2E037 (10/02)