

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

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N02000005181**

1. Entity Name  
**BASIC LIFE SUPPORT, INC.**



02-28-2003 90419 001 \*\*\*\*61.25  
02-28-2003 90419 002 \*\*\*\*\*8.75

Principal Place of Business  
**1421 SW 87 WAY  
PEMBROKE PINES FL 33025**

Mailing Address  
**1421 SW 87 WAY  
PEMBROKE PINES FL 33025**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number  
**75-3071247**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, BRIAN H  
1421 SW 87 WAY  
PEMBROKE PINES FL 33025**

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

**FL** Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>D P</b>	<b>President / Director</b>	<input type="checkbox"/> Delete
NAME <b>*</b>	<b>Brian H. Williams</b>	
STREET ADDRESS	<b>1421 SW 87th Way</b>	
CITY-ST-ZIP	<b>Pembroke Pines FL 33025</b>	
TITLE <b>* D</b>	<b>Chief Executive Officer / Director</b>	<input type="checkbox"/> Delete
NAME <b>*</b>	<b>Derek T. Horne</b>	
STREET ADDRESS	<b>1421 SW 87th Way</b>	
CITY-ST-ZIP	<b>Pembroke Pines FL</b>	
TITLE <b>D V</b>	<b>Vice President / Director</b>	<input type="checkbox"/> Delete
NAME <b>*</b>	<b>Kimberly Holding</b>	
STREET ADDRESS	<b>2081 Renaissance Blvd #202</b>	
CITY-ST-ZIP	<b>Miramar FL 33025</b>	
TITLE <b>S</b>	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>*</b>	<b>Manlynn Charles</b>	
STREET ADDRESS	<b>19300 NW 38th St</b>	
CITY-ST-ZIP	<b>Opa-Locke, FL 33055</b>	
TITLE <b>T</b>	<b>Treasurer</b>	<input type="checkbox"/> Delete
NAME <b>*</b>	<b>Karen Webb</b>	
STREET ADDRESS	<b>2450 St. Pauls Drive</b>	
CITY-ST-ZIP	<b>Titusville, FL 32780</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Brian Williams* **2/1/03** **954 442-9378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)