2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2006
Secretary of State

DOCUMENT# N03000001227

Entity Name: INTERNATIONAL MEDICAL & SURGICAL RESPONSE TEAM SOUTH, INC.

Current Principal Place of Business:

21011 JOHNSON STREET
SUITE 114
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

21011 JOHNSON STREET
SUITE 114
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 54-2095895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPRID, JOHN J
965 NW 202 AVENUE
PEMBROKE PINES, FL 33029 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: PD ( ) Delete
Name: SHATZ, DAVID
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete
Name: WILLIAMS, STEVE
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: DALEY, CAROL
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: CAPRIO, JOHN J
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

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: TD (X) Change ( ) Addition
Name: DENNIS, JOSEPH J
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

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: STEVE WILLIAMS VD 02/05/2006

Electronic Signature of Signing Officer or Director — Date