

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001227

FILED  
Apr 09, 2007  
Secretary of State

**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:**

CAPRID, JOHN J  
65 S CHRISTOPHER COURT  
PALM COAST, FL 32137 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:

04/09/2007

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: DENNIS, JOSEPH J  
Address: 21011 JOHNSON STREET, SUITE 114  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, STEVE  
Address: 21011 JOHNSON STREET, SUITE 114  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change ( ) Addition  
Name: NIX, PHIL  
Address: 21011 JOHNSON STREET, SUITE 114  
City-St-Zip: PEMBROKE PINES, FL 33029

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

Title: TD (X) Change ( ) Addition  
Name: CROSS, EMILE  
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

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date