

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001227

FILED
Apr 21, 2008
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:

12075 NW 39TH STREET
SUITE B
CORAL SPRINGS, FL 33065

Current Mailing Address:

21011 JOHNSON STREET
SUITE 114
PEMBROKE PINES, FL 33029

New Mailing Address:

12075 NW 39TH STREET
SUITE B
CORAL SPRINGS, FL 33065

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
65 S CHRISTOPHER COURT
PALM COAST, FL 32137 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: WILLIAMS, STEVE
Address: 21011 JOHNSON STREET, SUITE 114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: NIX, PHIL
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: CROSS, EMILE
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: 12075 NW 39TH STREET, SUITE B
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD (X) Change () Addition
Name: NIX, PHIL
Address: 12075 NW 39TH STREET, SUITE B
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD (X) Change () Addition
Name: DALEY, CAROL
Address: 12075 NW 39TH STREET, SUITE B
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD (X) Change () Addition
Name: CROSS, EMILE
Address: 12075 NW 39TH STREET, SUITE B
City-St-Zip: CORAL SPRINGS, FL 33065

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: STEVE WILLIAMS

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date