

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001227

FILED  
Jan 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1041 NE 204TH TERRACE  
NORTH MIAMI, FL 33179

**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:**

WILLIAMS, STEVE J  
1041 NE 204TH TERRACE  
NORTH MIAMI, FL 33179 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  
Name: WILLIAMS, STEVE  
Address: 1041 NE 204TH TERRACE  
City-St-Zip: NORTH MIAMI, FL 33179

Title: VD  
Name: ALLEN, PETER  
Address: 12075 NW 39TH STREET, SUITE B  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: TD  
Name: ABRU, ARTURO  
Address: 12075 NW 39TH STREET, SUITE B  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: STEVE WILLIAMS

PRES

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date