

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 04-09-2004 90062 004 \*\*\*\*61.25  
N03000005854

04 NOV -2 AM 10: 24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT** 04  
54029647



01072004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03000005854</b> 1. Entity Name <b>MARION COUNTY EMS ALLIANCE, INC.</b>					
Principal Place of Business <b>325 SW 60TH AVENUE OCALA, FL 34474</b>			Mailing Address <b>325 SW 60TH AVENUE OCALA, FL 34474</b>		
2. Principal Place of Business <b>325 SW 60th Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2708</b> Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State <b>OCALA, FL</b>		4. FEI Number <b>05-0579921</b>	
Zip <b>34474</b>		Country <b>Marion</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34474</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JOHNSTON, GORDON B MARION CTY. BORAD OF CTY. COMMISSIONERS 601 SE 25TH AVENUE OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name <b>Marty Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 S.W. Third Street</b> City <b>Ocala</b> FL Zip Code <b>34478</b>	
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 <small>Signature typed or printed name of registered agent and title is applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <b>4/7/04</b>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	President	Patrick Howard	601 S.E. 25th Avenue	<input type="checkbox"/> Delete	
	Vice President	Paul Nugent	151 S.E. Osceola Ave.	<input type="checkbox"/> Delete	
	Treasurer	Dyer Michell	131 S.W. 15th St.	<input type="checkbox"/> Delete	
	Secretary	Jim Wood	1431 S.W. 1st Ave.	<input type="checkbox"/> Delete	
	Director	Dr. Charles Dassance	3001 S.W. College Rd.	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/7/04</b>			



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JOHN W. ARNETT\*  
M. THOMAS BOND, JR.  
RAUL CARRERAS, JR.\*  
ANN MELINDA CRAGGS  
TOMMY D. PERMENTER, JR.  
WILLIAM H. PHELAN, JR.  
AMANDA BAGNI REED  
MARTY SMITH

101 SOUTHWEST THIRD STREET  
POST OFFICE BOX 2405  
OCALA, FLORIDA 34478

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TELEPHONE  
(352) 622-1188

FACSIMILE  
(352) 622-1125

\*BOARD CERTIFIED REAL ESTATE LAWYER

October 29, 2004

Division of Corporations  
ATTN: Sean Toner  
Senior Section Administrator  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Marion County EMS Alliance, Inc.  
Ref. Number: NO3000005854

Dear Mr. Toner,

Enclosed please find the amended annual report in reference to the above-referenced corporation. In response to your letter numbered 204A00061205, please be advised that no correspondence was received from your department in April of this year. We certainly would have responded promptly had we received the rejection letter.

Thank you for your prompt response, and your timeliness in reinstating the Marion County EMS Alliance, Inc., back to active status. If you have any questions, please do not hesitate to contact my office.

Sincerely,

BOND, ARNETT, PHELAN,  
SMITH & CRAGGS, P.A.

By: 

Marty Smith

CMS/lcb

Enclosure

BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.