

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90001 034 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N03000005854</b><br>1. Entity Name<br><b>MARION COUNTY EMS ALLIANCE, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>325 SW 60TH AVENUE<br/>OCALA, FL 34474</b>   |   |   | Mailing Address<br><b>P.O. BOX 2708<br/>OCALA, FL 34478</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>05-0579921</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, MARTY<br/>101 SW THIRD STREET<br/>OCALA, FL 34474</b>   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HOWARD, PATRICK<br>601 S.E. 25TH AVENUE<br>OCALA, FL 34471         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Steve Purves<br>1100 SW 1st Avenue<br>Ocala, FL 34474   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>NUGENT, PAUL<br>151 S.E. OSCEOLA AVENUE<br>OCALA, FL 34471        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Rex Etheredge<br>1431 SW 1st Avenue<br>Ocala, FL 34474  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>CLARK, PAUL<br>131 S.W. 15TH STREET<br>OCALA, FL 34471             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>KARSNER, GARRY<br>1431 SW 1ST AVE<br>OCALA, FL 34478               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DASSANCE, CHARLES DR.<br>3001 S.W. COLLEGE ROAD<br>OCALA, FL 34474 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Change Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CLARK, PAUL<br>131 SW 15TH ST<br>OCALA, FL 34471                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | Change Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>P. L. Howard</u>  |   |   | <u>6/27/07</u>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>                          |   |  |


66020007



01032007 Chg-NP CR2E037 (12/06)

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ATTACHMENT

|  |   |  |   |  |   |
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| <b>DOCUMENT # N03000005854</b><br>1. Entity Name<br><b>MARION COUNTY EMS ALLIANCE, INC.</b>  |   |  |   |   |   |
| Principal Place of Business<br><b>325 SW 60TH AVENUE<br/>OCALA, FL 34474</b>   |   |  | Mailing Address<br><b>P.O. BOX 2708<br/>OCALA, FL 34478</b>   |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |   |
| City & State<br><br>Zip      Country   |   | City & State<br><br>Zip      Country   |   | 4. FEI Number<br><b>05-0579921</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>         Not Applicable       </div> |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   | 01032007    Chg-NP    CR2E037 (12/08)  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SMITH, MARTY<br/>101 SW THIRD STREET<br/>OCALA, FL 34474</b>  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |
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| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |   |  |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HOWARD, PATRICK<br>601 S.E. 25TH AVENUE<br>OCALA, FL 34471         | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>NUGENT, PAUL<br>151 S.E. OSCEOLA AVENUE<br>OCALA, FL 34471        | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>SIGNATURE:</b> _____ <i>P. Howard</i> <b>6/28/07</b>  |   |  |   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  |   |  |   |  |   |