2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

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

								0.00		4 00 1 11 11	
DOCUMENT # N0300005854 1. Entity Name MARION COUNTY EMS ALLIANCE, INC.						06-19-2007 90001 034 ****					
325 SW 60TH AVENUE P.O. OCALA, FL 34474 OCA			ing Address D. BOX 2708 ALA, FL 34478				ee_{05000}				
			iling Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				01032007	Chg-NP	CR2E	37 (12/06)	
City & State			City & State				4. FEt Numbe 05-0579				oplied For of Applicable
Zip	Country Zi		Country				5. Certificate of Status Desired				ditional
	6. Name and Address of Current	Registered					7. Name and	Address of New	Registered		
					Name						
SMITH, MARTY 101 SW THIRD STREET OCALA, FL 34474					Street Address (P.O. Box Number is Not Acceptable)						
					City				FI	Zip Cod	e
SIGNATURE	Signature, typod or printed name of registered agent in Filling Fee is \$61.25	and tritle if applie	9. Election Camp				when reinstating)		DATE	:k payable t	
Due by May 1, 2007			Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State					
10.	OFFICERS AND DIF	ECTORS		11.	,	A	DDITIONS/CHA	NGES TO OFFIC	ERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, PATRICK 601 S.E. 25TH AVENUE OCALA, FL 34471		☐ Delate				ve Purve: 0 SW lst La, FL 3			☐ Change	Addition
IITLE NAME STREET ADURESS CITY+ST-ZIP	VP NUGENT, PAUL 151 S.E. OSCEOLA AVENUE OCALA, FL 34471		☐ Delete			Rex 143	Ethereda l SW 1st la, FL 34	ge Avenue		☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	T CLARK, PAUL 131 S.W. 15TH STREET OCALA, FL 34471		☐ Delete							☐ Change	☐ Addition
TITLE HAME STREET AUDRESS CATY-ST-ZIP	T KARSNER, GARRY 1431 SW 1ST AVE OCALA, FL 34478		☐ Delete			 				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASSANCE, CHARLES DR. 3001 S.W. COLLEGE ROAD OCALA. FL. 34474		☐ Delete		T ADDRESS ST-ZIP			-		☐ Change	☐ Addition
HTLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, PAUL 131 SW 15TH ST OCALA, FL 34471		☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and a	ccurate and that my	ne exer	nptions co ure shall h	ave the s	ame legal effect	as if made unde	roath; that I	am an officer	or director

6/27/07

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # N03000005854 MARION COUNTY EMS ALLIANCE, INC. Mailing Address Principal Place of Business P.O. BOX 2708 325 SW 60TH AVENUE OCALA, FL 34478 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Cha-NP CR2E037 (12/08) City & State City & State Applied For 4. FEI Number 05-0579921 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, MARTY 101 SW THIRD STREET Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34474 City Zio Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE ☐ Change ☐ Addition HOWARD, PATRICK NAME NAME STREET ADDRESS **601 S.E. 25TH AVENUE** STREET ADORESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP MLE Delete ☐ Addition NUGENT, PAUL NAME NAME STREET ADDRESS 151 S.E. OSCEOLA AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Delete TITLE TITLE Channe ☐ Addition NAME CLARK, PAUL NAME 131 S.W. 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP. OCALA, FL 34471 CITY-ST-ZP Delete THLE ☐ Change ☐ Addition KARSNER, GARRY NAME NAME STREET ADDRESS 1431 SW 1ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34478 TITLE ☐ Change ■ Addition ☐ Delete DASSANCE, CHARLES DR. NAME NAME 3001 S.W. COLLEGE ROAD STREET ADDRESS STREET ADDRESS OCALA, FL 34474 CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition TITLE Delete TITLE CLARK, PAUL MAME NAME STREET ADDRESS 131 SW 15TH ST STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 1 marco SIGNATURE: SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR