2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2.

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-27-2008 90003 026 ****61.25

DOCUMENT # N03000005854

1. Entity Name
MARION COUNTY EMS ALLIANCE, INC.

Principal Place of Business	Mailing Address
325 SW 60TH AVENUE OCALA, FL 34474	P.O. BOX 2708 OCALA, FL 34478

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152008 Chg-NP CR2E037 (12/06)

4. FEI Number 05-0579921 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MARTY 101 SW THIRD STREET OCALA, FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip 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 P. L. Howard 2/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	Secretary ☐ Change XX Addition
NAME	HOWARD, PATRICK	NAME	Steve Purves
STREET ADDRESS	601 S.E. 25TH AVENUE	STREET ADDRESS	131 SW 15th Street
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, Florida 34471
TITLE	VP ☐ Delete	TITLE	Rex Ethridge Tresure ☐ Change XX Addition
NAME	NUGENT, PAUL	NAME	
STREET ADDRESS	151 S.E. OSCEOLA AVENUE	STREET ADDRESS	1431 SW 1st Avenue
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, Florida 34474
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~CLARK, PAUL~~	NAME	
STREET ADDRESS	~~131 S.W. 15TH STREET~~	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~KARSNER, GARRY~~	NAME	
STREET ADDRESS	~~1431 SW 1ST AVE~~	STREET ADDRESS	
CITY-ST-ZIP	~~OCALA, FL 34470~~	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DASSANCE, CHARLES DR.	NAME	
STREET ADDRESS	3001 S.W. COLLEGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	~~CLARK, PAUL~~	NAME	
STREET ADDRESS	~~131 SW 15TH ST~~	STREET ADDRESS	
CITY-ST-ZIP	~~OCALA, FL 34471~~	CITY-ST-ZIP	

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.

SIGNATURE: P. L. Howard 2/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #