2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02152008 Chg-NP CR2E037 (12/06)

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

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.R. Howard 2/20/08
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, PATRICK 601 S.E. 25TH AVENUE OCALA, FL 34471	☐ Delete	Secretary Steve Purves 131 SW 15th Street Ocala, Florida 34471	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NUGENT, PAUL 151 S.E. OSCEOLA AVENUE OCALA, FL 34471	☐ Delete	Rex Ethridge Treasure 1431 SW 1st Avenue Ocala, Florida 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~CLARK, PAUL~~ ~~131 S.W. 15TH STREET~~ OCALA, FL 34471	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~KARSNER, GARRY~~ ~~1431 SW 1ST AVE~~ ~~OCALA, FL 34470~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DASSANCE, CHARLES DR. 3001 S.W. COLLEGE ROAD OCALA, FL 34474	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~CLARK, PAUL~~ ~~131 SW 15TH ST~~ ~~OCALA, FL 34471~~	☒ Delete		☐ 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.

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