

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000380

FILED
Apr 19, 2007
Secretary of State

Entity Name: FLORIDA ONE DMAT, INC.

Current Principal Place of Business:

115E RACETRACK RD., N.W.
FT. WALTON BEACH, FL 325471697

New Principal Place of Business:

Current Mailing Address:

PMB 339
548 MARY ESTHER CUTOFF
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-1461645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROSNAN, JAMES R
FLORIDA ONE DISASTER MEDICAL ASSIS. TEAM
115E RACETRACK RD., N.W.
FT. WALTON BEACH, FL 325471697 US

Name and Address of New Registered Agent:

BROSNAN, JAMES R
FLORIDAONE DISASTER MEDICAL ASSIS. TEAM
115E RACETRACK RD., N.W.
FT. WALTON BEACH, FL 325471697 US

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.

SIGNATURE: JAMES R. BROSNAN

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: BROSNAN, JAMES R
Address: PMB 339 - 548 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: DIR () Delete
Name: CLINCHY, RICHARD A III,
Address: PMB 339 - 548 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. BROSNAN

CHM

04/19/2007

Electronic Signature of Signing Officer or Director

Date