

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000380

FILED  
Jun 16, 2009  
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:

775 B LOVEJOY ROAD NW  
FT. WALTON BEACH, FL 32548

## 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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BROSNAN, JAMES R  
FLORIDAONE 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  
PMB 339 - 548 MARY ESTHER CUTOFF  
FT. WALTON BEACH, FL 32548 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

06/16/2009

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 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

CHR

06/16/2009

Electronic Signature of Signing Officer or Director

Date