

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000380

FILED
Apr 30, 2012
Secretary of State

Entity Name: FLORIDA ONE DMAT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: CHRISTEN, HENRY
Address: PMB 339 - 548 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: DIR
Name: DALTON, MICHAEL
Address: PMB 339 - 548 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: MEMB
Name: FLEET, BART
Address: PMB 339 - 548 MARY ESTHER CUTOFF
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: MEMB
Name: BROSNAN, JAMES R
Address: PO BOX 447
City-St-Zip: NICEVILLE, FL 32588 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES R BROSNAN

MEMB

04/30/2012

Electronic Signature of Signing Officer or Director

Date