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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04909 (0)

1. Corporation Name

MANAGERIAL ASSOCIATION OF EMERGENCY SERVICES, IN  
C.

Principal Place of Business

6750 BEE RIDGE ROAD  
POST OFFICE BOX 168  
SARASOTA FL 34241  
US

Mailing Address

6750 BEE RIDGE ROAD  
POST OFFICE BOX 168  
SARASOTA FL 34241-5749  
US3. Date Incorporated or Qualified  
08/29/19843a. Date of Last Report  
05/01/1996

4. FEI Number

59-2377594

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGGALL, VERNE E  
6750 BEE RIDGE ROAD  
SARASOTA FL 34241

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME MENG, DAVID  
STREET ADDRESS 5700 NORTH PORT RD.  
CITY-ST-ZIP NORTH PORT FLTITLE DST ☐ DELETE  
NAME RIGGALL, VERNE E  
STREET ADDRESS 6750 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA FLTITLE DVP ☒ DELETE  
NAME COLEMAN, RON  
STREET ADDRESS 5700 NORTH PORT BLVD.  
CITY-ST-ZIP NORTH PORT FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Voltoing, Douglas  
1.3 STREET ADDRESS 4723 53rd Ave. E.  
1.4 CITY-ST-ZIP Bradenton, FL 342032.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE DVP ☒ Change ☐ Addition  
3.2 NAME Mooneyhan, Carroll  
3.3 STREET ADDRESS 5490 Gulf of Mexico Dr.  
3.4 CITY-ST-ZIP Longboat Key, FL 342264.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verne Riggall INQUIRY

4/21/97 941-316-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063632

CR2E037 (9/96)