

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90010 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04909**

1. Corporation Name

**MANAGERIAL ASSOCIATION OF EMERGENCY SERVICES, INC.**

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  
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	6750 Bee Ridge Rd.		08/29/1984
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2377594	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Sarasota FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	34241	Country	
25	Country	30	US		

9. Name and Address of Current Registered Agent

 RIGGALL, VERNE E  
 6750 BEE RIDGE ROAD  
 SARASOTA FL 34241

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	DVP	1.1 TITLE	President DP
NAME	SOUDERS, MARK	1.2 NAME	Souders, Mark
STREET ADDRESS	P.O. BOX 1971 N/A	1.3 STREET ADDRESS	1010 9th Avenue W.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	DST	2.1 TITLE	DST
NAME	RIGGALL, VERNE E	2.2 NAME	Riggall Verne
STREET ADDRESS	6750 BEE RIDGE RD	2.3 STREET ADDRESS	6750 Bee Ridge Rd.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	DP	3.1 TITLE	DVP
NAME	MOONEYHAN, CARROLL	3.2 NAME	Cudair, Michael
STREET ADDRESS	5490 GULF OF MEXICO DR	3.3 STREET ADDRESS	3001 North Port Blvd
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	North Port, FL 34286
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Verne Riggall* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 June 22, 1999 941-816-1215  
 Date Daytime Phone #