2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# N04909

Entity Name: MANAGERIAL ASSOCIATION OF EMERGENCY SERVICES, INC.

Current Principal Place of Business:

5200 26TH STREET WEST
BRADENTON, FL 34207 US

New Principal Place of Business:

4980 CITY CENTER BLVD
NORTH PORT, FL 34286 US

Current Mailing Address:

5200 26TH STREET WEST
BRADENTON, FL 34207 US

New Mailing Address:

4980 CITY CENTER BLVD
NORTH PORT, FL 34286 US

FEI Number: 59-2377594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

QUADERER, DAVID R
5200 26TH STREET WEST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

QUADERER, DAVID R
4980 CITY CENTER BLVD
NORTH PORT, FL 34286 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: DAVID R. QUADERER 10/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: QUADERER, DAVID R
Address: 5200 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: P ( ) Delete
Name: CENTER, DANIEL J
Address: 5200 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete
Name: STULCE, RANDALL R
Address: 5200 26 ST W
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: QUADERER, DAVID R
Address: 4980 CITY CENTER BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: PD (X) Change ( ) Addition
Name: BONAKOSKE, MIKE
Address: 4980 CITY CENTER BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: VD (X) Change ( ) Addition
Name: SOUSA, THOMAS
Address: 4980 CITY CENTER BLVD
City-St-Zip: NORTH PORT, FL 34286

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: DAVID R. QUADERER DST 10/10/2007
Electronic Signature of Signing Officer or Director Date