# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 28, 2008**
**Secretary of State**

DOCUMENT# N04909

**Entity Name:** MANAGERIAL ASSOCIATION OF EMERGENCY SERVICES, INC.

**Current Principal Place of Business:**

4980 CITY CENTER BLVD
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

4931 32ND AVD DR W
BRADENTON, FL 34209 US

**Current Mailing Address:**

4980 CITY CENTER BLVD
NORTH PORT, FL 34286 US

**New Mailing Address:**

4931 32ND AVD DR W
BRADENTON, FL 34209 US

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

**Name and Address of Current Registered Agent:**

QUADERER, DAVID R
4980 CITY CENTER BLVD
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

BONAKOSKE, MIKE
516 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223 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: MIKE BONAKOSKE 08/28/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition
Name: GOVER, FOSTER
Address: 2451 TRAILMATE DRIVE
City-St-Zip: BRADENTON, FL 34204

Title: PD (X) Change ( ) Addition
Name: BONAKOSKE, MIKE
Address: 516 PAUL MORRIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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: MIKE BOANKOSKE PD 08/28/2008
Electronic Signature of Signing Officer or Director Date