

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04909

**FILED**  
**Aug 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4931 32ND AVD DR W  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

5200 26TH STREET WEST  
BRADENTON, FL 34209 US

**Current Mailing Address:**

4931 32ND AVD DR W  
BRADENTON, FL 34209 US

**New Mailing Address:**

5200 26TH STREET WEST  
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:**

BONAKOSKE, MIKE  
516 PAUL MORRIS DRIVE  
ENGLEWOOD, FL 34223 US

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

QUADERER, DAVID R  
5200 26TH STREET WEST  
BRADENTON, FL 34029 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

08/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: STULCE, RANDAL  
Address: 5200 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

Title: PD  
Name: FLYNN, MATT  
Address: 5200 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

Title: STD  
Name: QUADERER, DAVID R  
Address: 5200 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

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: DAVID R. QUADERER

STD

08/13/2010

Electronic Signature of Signing Officer or Director

Date