

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002877

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF RURAL EMS PROVIDERS, INC.

**Current Principal Place of Business:**

120 ORIE GRIFFIN  
PALATKA, FL 32177

**New Principal Place of Business:**

410 S HWY 19  
PALATKA, FL 32177

**Current Mailing Address:**

PO BOX 358582  
GAINESVILLE, FL 326358582

**New Mailing Address:**

**FEI Number:** 20-3902384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATTERSON, MIKE  
120 ORIE GRIFFIN  
PALATKA, FL 32177 US

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

PATTERSON, MIKE  
410 S HWY 19  
PALATKA, FL 32177 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:

01/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DUKE, DAVID A  
Address: PO BOX 366  
City-St-Zip: FROSTPROOF, FL 33843

Title: VPD ( ) Delete  
Name: GREEN, H NELSON JR.  
Address: 945-C N TEMPLE AVENUE  
City-St-Zip: STARKE, FL 32091

Title: PD ( ) Delete  
Name: PATTERSON, MIKE  
Address: 120 ORIE GRIFFIN  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: PARRISH, ALLEN  
Address: PO BOX 266  
City-St-Zip: LAKE BUTLER, FL 32054

Title: RRD ( ) Delete  
Name: DOUGLASS, MATTHEW  
Address: 913 SE FIFTH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: RRO ( ) Delete  
Name: AKIN, DONNA  
Address: PO BOX 1760  
City-St-Zip: LABELLE, FL 33975

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL PATTERSON

PRES

01/30/2008

Electronic Signature of Signing Officer or Director

Date