2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N11000006738

Entity Name: LAKE EMERGENCY MEDICAL SERVICES, INC.

Current Principal Place of Business:

2761 WEST OLD HIGHWAY 441
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

2761 WEST OLD HIGHWAY 441
MT DORA, FL 32757

New Mailing Address:

FEI Number: 45-2797089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINKOFF, SANFORD A
315 WEST MAIN STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: CADWELL, WELTON G
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: D
Name: HILL, JENNIFER
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: D
Name: CONNER, JIMMY
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: D
Name: PARKS, SEAN M
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: D
Name: CAMPIONE, LESLIE
Address: 315 WEST MAIN STREET
City-St-Zip: TAVARES, FL 32778

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: JIM JUDGE, EXECUTIVE DIRECTOR DIR 01/05/2012

Electronic Signature of Signing Officer or Director — Date