

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008405

FILED
Feb 07, 2012
Secretary of State

Entity Name: JACKSONVILLE EMERGENCY MEDICAL AUXILIARY, INC.

Current Principal Place of Business:

515 NORTH JULIA STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

515 NORTH JULIA STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLSON, ALEXANDRA
8787 SOUTHSIDE BLVD
APT 5211
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

POLSON, ALEXANDRA
8700 SOUTHSIDE BLVD
APT 1116
JACKSONVILLE, FL 32256 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:

02/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RODGERS, BETH
Address: 3181 BEE STREET EAST
City-St-Zip: ORANGE PARK, FL 32065

Title: VP
Name: MULLER, BARRY
Address: 256 WOODROW ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: S
Name: FONE, RON
Address: 4040 BROOKFIELD CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: T
Name: POLSON, ALEXANDRA
Address: 8700 SOUTHSIDE BLVD, APT 1116
City-St-Zip: JACKSONVILLE, FL 32256

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: ALEXANDRA POLSON

TREA

02/07/2012

Electronic Signature of Signing Officer or Director

Date