

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90442 025 \*\*\*\*61.25

<b>DOCUMENT # N12314</b> 1. Entity Name <b>ASSOCIATION OF THE EMS PROVIDERS, INC.</b>					
Principal Place of Business 3717 S. CONWAY ROAD ORLANDO, FL 32812				Mailing Address 3717 S. CONWAY ROAD ORLANDO, FL 32812	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STROSNIDER, MARY JO</b> <b>3717 S. CONWAY ROAD</b> <b>ORLANDO, FL 32812</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Mary Jo Strosnider Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4/22/04</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE	1VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZZARITI, DAN		NAME	DAN AZZARITI	
STREET ADDRESS	3717 S. CONWAY ROAD		STREET ADDRESS	3717 S. Conway Rd	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, J J		NAME		
STREET ADDRESS	3717 S. CONWAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRARA, JOSEPH V		NAME	Joseph V Ferrara	
STREET ADDRESS	3717 S. CONWAY ROAD		STREET ADDRESS	3717 Conway Rd	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROSNIDER, MARY JO		NAME		
STREET ADDRESS	3717 S. CONWAY RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Dave Dyer	
STREET ADDRESS			STREET ADDRESS	3717 S. Conway Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary Jo Strosnider</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/22/04</u> <small>Date</small>		
			DAYTIME PHONE #: <u>(407) 582-4234</u> <small>Daytime Phone #</small>		