

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12314

FILED
Feb 03, 2009
Secretary of State

Entity Name: ASSOCIATION OF THE EMS PROVIDERS, INC.

Current Principal Place of Business:

200 W. DAKIN AVENUE
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

200 W. DAKIN AVENUE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNTER, KAREN L
200 W. DAKIN AVENUE
KISSIMMEE, FL 34741 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: PD () Delete
Name: AZZARITI, DAN
Address: 200 W. DAKIN AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VD () Delete
Name: BROWN, ROBBY
Address: 200 W. DAKIN AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: TD () Delete
Name: HUNTER, KAREN
Address: 200 W. DAKIN AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: SD () Delete
Name: DYAL, DAVE
Address: 200 W. DAKIN AVENUE
City-St-Zip: KISSIMMEE, FL 34741 US

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:

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: KAREN L. HUNTER

TD

02/03/2009

Electronic Signature of Signing Officer or Director

Date