

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90237 001 \*\*\*\*61.25

**DOCUMENT # N12314**

1. Entity Name  
**ASSOCIATION OF THE EMS PROVIDERS, INC.**



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

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERRARA, JOSPEH  
3717 S. CONWAY ROAD  
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name **Mary To Strosnider**  
Street Address (P.O. Box Numbers Not Acceptable)  
**3717 S. Conway Rd**  
City **Orlando** FL Zip Code **32812**

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 **Mary To Strosnider Treasurer Mary To Strosnider 2-4-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VICK, RANDY	
STREET ADDRESS	3717 S. CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORRISON, J J	
STREET ADDRESS	3717 S. CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FERRARA, JOSEPH V	
STREET ADDRESS	3717 S. CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2nd Vice President DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Azzariti, DAN	
STREET ADDRESS	3717 S. CONWAY RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, J J	
STREET ADDRESS	3717 S. CONWAY RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	1st Vice President DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrara Joseph V	
STREET ADDRESS	3717 S. CONWAY RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strosnider, Mary To	
STREET ADDRESS	3717 S. CONWAY RD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Mary To Strosnider** (407) **592-4234**  
Mary To Strosnider 2-4-03

CR2E037 (10/02)