2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N23778

Entity Name: CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA, INC.

Current Principal Place of Business:

3717 SOUTH CONWAY RD
ORLANDO, FL 328127607

New Principal Place of Business:

5680 SW 87 AVENUE
MIAMI DADE FIRE RESCUE DEPT
MIAMI, FL 33173

Current Mailing Address:

3717 SOUTH CONWAY RD
ORLANDO, FL 328127607

New Mailing Address:

5680 SW 87 AVENUE
MIAMI DADE FIRE RESCUE DEPARTMENT
MIAMI, FL 33173

FEI Number: 59-2874812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUNNER, BETH
3717 SOUTH CONWAY RD
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

DURAN, NATALIE
5680 SW 87 AVENUE
MIAMI, FL 33173 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: NATALIE DURAN 04/30/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete
Name: HAYGOOD, VIRGINIA
Address: 2020 WILTON DRIVE
City-St-Zip: WILTON MANON, FL

Title: DD ( ) Delete
Name: BRUNNER, BETH
Address: 3717 S CONWAY RD
City-St-Zip: ORLANDO, FL 32812

Title: PT ( ) Delete
Name: DURAN, NATALIE T
Address: 5680 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: TT ( ) Delete
Name: OWENS, RICK
Address: HILLSBOROUGH COUNTY FIRE RESCUE
City-St-Zip: HILLSBOUROUGH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DURAN, NATALIE
Address: 5680 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VPSD (X) Change ( ) Addition
Name: HAYGOOD, VIRGINIA
Address: 2020 WILTON DRIVE
City-St-Zip: WILTON MANOR, FL 38305

Title: TT (X) Change ( ) Addition
Name: OWENS, RICK
Address: P.O.BOX 82983
City-St-Zip: TAMPA, FL 33682-298

Title: D (X) Change ( ) Addition
Name: BULLMAN, DR., GLORIA
Address: 7380 SAND LAKE RD. SUITE 500
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NATALIE DURAN P 04/30/2002
Electronic Signature of Signing Officer or Director Date