FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

·1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N37606

(3)

FLORIDA EMERGENCY MEDICINE FOUNDATION, INC.

Principal Place of Business		Mailing Address			
3717 S CONWAY RD ORLANDO FL 32812-7607		3717 S CONWAY RD ORLANDO FL 32812-7607			
				3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 04/10/1996
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl. i	# oto	Suite, Apt, #, etc.		59-3001777	Not Applicable
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Z ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30 Country	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes 🏻 No
	9. Name and Address of Currer		1901	10. Name and Address of New Reg	
			81 Name		
BRUNNER, BETH P. 82 Street Add					
3717 S CONWAY RD			62 Street Add	dress (P.O. Box Number is Not Acceptable	9)
ORLANDO FL 32822			83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508. Florida Statu	tes, the above-named cor	poration submits this statement for the or	
office or re	egistered agent, or both in the State in familia) with and accept the oblig	of Florida, Such change was	authorized by the corpora	poration submits this statement for the putition's board of directors. I hereby accept	the appointment as registered
=		ations of, Section 617.0303, Fi	onda Sigiules.		
SIGNATURE _	Signatilie, typed or printed remoti registered age	ent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
THLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	orban, david		1.2 NAME		
STREET ADDRESS	UNIVERSITY OF FLORIDA		1.3 STREET ADDRESS		
CITY-S1-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	SLEVINSKI, RICHARD		2.2 NAME		· ·
STREET ADDRESS	4580 FRANCISCO RD.		2.3 STREET ADDRESS	-11 	
CITY-ST-ZIP TITLE	PENSACOLA FL D	☐ DELETE	2.4 CiTY-ST-ZiP		D 00 D 1209
NAME	LEE, WAYNE		31 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	2856 N.E. 36TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP		
Title	D	DELETE	4.1 TITLE		Change Addition
NAME	DRESNICK, STEPHEN	_	4.2 NAME		First Average Translated
STREET ADDRESS	1001 S. BAYSHORE DR.	•	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		,
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Weimerskirch, eileen		5.2 NAME		
STREET ADDRESS	5471 LAKE HOWELL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY - ST - ZIP		
TIFLE	0	DELETE	6.1 TITLE		Change Addition
NAME	BRUNNER, BETH P.		6.2 NAME		
STREET ADORESS	3717 SO. CONWAY RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	d with this files does not a tal	6.4 City-St-ZIP	d in Section 119.07(3)(i), Florida Statutes	14
nonamen	h indicated on this annual renov! or s	sinniemental annual renort is t	rue and accurate and the	it mu cionature chall baug the came local	alfaat on it mada wadar aath, that
i am an on	ficer or director of the corporation or in Block 12 or Mpck 13 if charged, o	' the receiver or trustee empow	vered to execute this repo	ort as required by Chapter 617, Florida St	atutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Davidime Phone #

FILED

May 05 1997 8:00am

Secretary of State