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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37606

1. Corporation Name

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

FILED Apr 09, 1999 8:00 am Secretary of State

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City & State 28		. #, etc.	Sı	uite, Apt. #, etc.			· -	4.				Applied For
City & State City & State Country Zip Zip Country Zip Zip Country Zip Z	22		27						59-3001///			Not Applicable
Zip Country Zip Country Zip Country Zip Country S5,00 May Be Added to Fees P. Added to		te	C	ity & State				5.	Certificate of Status Desired			
Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above reamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or provide premise families and registered agent, or provide premise families and registered agent and registered agent and registered agent and registered agent agent agent and registered agent agen	23		28			_		4—				
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Name BRUNNER, BETH P. 3717 S CONWAY RD ORLANDO FI. 32822 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Z	Zip							6.	• •			
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BRUNNER, BETH P. 3717 S CONWAY RD ORLANDO FL 32822 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 30		9. Name and Address of Curren	t Register	ed Agent	- 04	. 1	Mana	10.	Name and Address of New	Kediareren	Agent	
3717 S CONWAY RD ORLANDO FL 32822 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Plant of Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Plant of Brain and the fapolisation of Section 617,0503, Plant of Statutes. SIGNATURE Signatur, typed or printed name or registered agent and other fapolisations of Section 617,0503, Plant of Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ORBAN/DAVID STREET ADDRESS CITY-ST-2P TITLE D OBERT ORBAN SIGNATURE 22 NAME 13 STREET ADDRESS CITY-ST-2P TITLE D OBERT ORBAN SIGNATURE 24 NITE D ORBAN/DAVID 15 STREET ADDRESS 25 NITE ADDRESS 26 N.E. 36TH ST. 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 16 Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OF	•				10'	ή.	Name					
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP