2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State

1. Entity Name FLORIDA EMERGENCY MEDICINE FOUNDATION, INC.							01	-26-2005 9	90025 00	01 ****61.:	25
Principal Place of Business 3717 S CONWAY RD ORLANDO, FL 32812-7607			3717	Mailing Address 3717 S CONWAY RD ORLANDO, FL 32812-7607							
2. Principal Pl	lace of Busin	ness	3. Mail	ing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01202005 CI	hg-NP	CR2E	037 (10/03)		
City & State	 e		Cit	City & State			4. FEI Number 59-300177			 	oplied For
Zip		Country	Zip)	Cou	intry	5. Certificate of St			\$8.75 Add	ditional
	6. Name	and Address of Curre	nt Registere	d Agent			7. Name and Add	ress of New F	Registered	i Agent	
						Name					
BRUNNER 3717 S CO ORLANDO	NWAY RI	D				Street Address (P.O. Box Number is Not Acceptable)					
ONDAINDO	, I L 320	12-7007									
						City			F	L Zip Code	9
	named entitions of regist	y submits this statement tered agent.	for the purp	ose of changing its	register	ed office or registe	ered agent, or both, in	the State of Fi	orida, I an	n familiar with,	and accept
SIGNATURE -	Signature typed	or printed name of registered ag	ent and title if and	licable (NOI	T 0	d Agent signature require	and when reigntations		DATE		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or printed riamo or registered ag			E: Hegistere	o again eignatore redon	da wilan (anistaning)		DATE		
	Filing Fe	e is \$61.25 Nay 1, 2005		9. Election Car Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		/lake che rida Dep	ck payable to	
10.	Filing Fe	e is \$61.25	1	9. Election Ca	mpaign F	inancing	\$5.00 May Be	Flo	/lake che rida Dep	ck payable to	tate
TITLE . NAME STREET ADDRESS	D SLEVINS 5024 ROL	oe is \$61.25 May 1, 2005 OFFICERS AND KI, RICHARD AND ROAD	1	9. Election Ca	mpaign F Contribut 11. TITL NAM STRI	inancing ion. E E E E E ET ADDRESS	\$5.00 May Be Added to Fees	Flo	/lake che rida Dep	ck payable to	tate
TITLE .	D SLEVINSI 5024 ROL PACE, FL D LEE, WAY 2856 N.E.	OFFICERS AND OFFICERS AND KI, RICHARD LAND ROAD . 32571 YNE . 36TH ST.	1	9. Election Ca Trust Fund	mpaign F Contribut 11. TITL NAM STRI CITY TITL NAM STRI STRI	inancing ion. E E EE ET ADDRESSST-ZIP E	\$5.00 May Be Added to Fees	Flo	/lake che rida Dep	ck payable to artment of SI DIRECTORS IN	tate
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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 attact ment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR