

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2008  
Secretary of State**

DOCUMENT# N37606

Entity Name: FLORIDA EMERGENCY MEDICINE FOUNDATION, INC.

**Current Principal Place of Business:**

3717 S CONWAY RD  
ORLANDO, FL 328127607

**New Principal Place of Business:**

**Current Mailing Address:**

3717 S CONWAY RD  
ORLANDO, FL 328127607

**New Mailing Address:**

FEI Number: 59-3001777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUNNER, BETH P.CEO  
3717 S CONWAY RD  
ORLANDO, FL 328127607 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SLEVINSKI, RICHARD,  
Address: 5024 ROLAND ROAD  
City-St-Zip: PACE, FL 32571  
  
Title: D ( ) Delete  
Name: LEE, WAYNE,  
Address: 2856 N.E. 36TH ST.  
City-St-Zip: FT. LAUDERDALE, FL  
  
Title: D ( ) Delete  
Name: DRESNICK, STEPHEN,  
Address: 5901 SW 74TH STREET  
City-St-Zip: MIAMI, FL  
  
Title: D ( ) Delete  
Name: BRUNNER, BETH P.,  
Address: 3717 SO. CONWAY RD.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETH BRUNNER

D

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date