

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37606

FILED  
Feb 16, 2010  
Secretary of State

**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: P  
Name: ZAPPA, MICHAEL PRES  
Address: 3717 S CONWAY ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VP  
Name: KATHLEEN, GALLAGHER-MCIV VP  
Address: 3717 S CONWAY ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: CEO  
Name: BRUNNER, BETH CEO  
Address: 3717 S CONWAY ROAD  
City-St-Zip: ORLANDO, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: BETH BRUNNER

CEO

02/16/2010

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

\_\_\_\_\_  
Date