

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46611 (2)

1. Corporation Name

EMERGENCY MEDICAL SERVICES & ACUTE CARE FOUNDATI  
ON, INC.



Principal Place of Business

Mailing Address

12490 ULMERTON RD.  
LARGO FL 34644-3608  
US

12490 ULMERTON RD.  
LARGO FL 34644-3608  
US

3. Date Incorporated or Qualified

12/27/1991

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

21 3457 Keene Pk. Dr.

2a. Mailing Address

26 3457 Keene Pk Dr

4. FEI Number

59-3100975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, JOSEPH L  
130 WOODCREEK DR. E.  
SAFETY HARBOR FL 34895

81 Name

Thomas Ruggles

82 St.

603 Indian Rocks Road

83

84 City

Belleair

FL

85 Zip Code

34616

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 office or 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
STREET ADDRESS RYAN, JOSEPH L.  
CITY-ST-ZIP 130 WOODCREEK DR. E.  
SAFETY HARBOR FL 34895

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 11170 Thelin Drive  
14 CITY-ST-ZIP Truckee, CA 96160-2756

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DAVIDSON, STEVEN  
CITY-ST-ZIP DEPT. OF EMERGENCY MEDICINE 3300 HENRY AVE.  
PHILADELPHIA PA 19129

21 TITLE ☒ Change ☐ Addition

22 NAME D  
23 STREET ADDRESS Norman Dinerman  
24 CITY-ST-ZIP 489 State Street  
Bangor Maine

TITLE ☐ DELETE

NAME D  
STREET ADDRESS KUEHL, ALXANDER  
CITY-ST-ZIP DIR. EMERGENCY DEPT. 525 E. 68TH ST.  
NEW YORK NY 10021

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME  
63 STREET ADDRESS 900001873475  
64 CITY-ST-ZIP -06/24/96--01045--043  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/96 916-582-8663

CR2E037 (12/95)