FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # N46611

EMERGENCY MEDICAL SERVICES & ACUTE CARE FOUNDATI ON, INC.

Principal Place of Business Mailing Address 8457 KEENE PARK DR. 3457 KEENE PARK DR LARGO FL 80771-1847 LARGO FL 34641 3. Date Incorporated or Qualified 12/27/1991 3a. Date of Last Report 06/24/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3100975 403 Indian Rock & Road 603 Indian Rocks Road Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FL. 34614 BalleAirfL Bellegir 34616 П Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 USA Florida Statutes 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RUGGLES, THOMAS Street Address (P.O. Box Number is Not Acceptable) **603 INDIAN ROCKS ROAD** 83 **BELLEAIR FL 34616** City 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 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE - Change Addition RYAN, JOSEPH L. Ryan, Joseph L 17247 Valley ViewRoad Po Box 2754 Toucker 1.2 NAME NAME 11170 THEUN DR. STREET ADDRESS 1.3 STREET ADDRESS TRUCKEE CA 96160-2756 Truckee CA 96160-2756 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change THILE DINNERMAN, NORMAN 2.2 NAME NAME **489 STATE STREET** 2.3 STREET ADDRESS STREET ADDRESS BANGOR ME 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 3.1 FITLE TITLE NAME **KUEHL, ALXEANDER** 3.2 NAME DIR. EMERGENCY DEPT. 525 E. 68TH ST. 3.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10021 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition Assistant lecrotery TITLE 4.1 TITLE NAMÉ 4. 2 NAME Thomas wi Rucches 403 Indian Rocks Road STREET ADDRESS 4.3 STREET ADDRESS Bellegir FL 34614 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-SI-ZIP 54 CITY-ST-ZIP DELETE ☐ Change ■ Addition 6.1 TITLE THILE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - ST-ZIP

14. I do 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, or on an attachment with an address.

16 582-8463

FILED

May 13 1997 8:00am

Secretary of State