FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:03

DOCUMENT # **N47548** **(5)**

1. Corporation Name

INDIAN RIVER COUNTY EMERGENCY MEDICAL SERVICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 638 VERO BEACH FL 32961	P.O. BOX 638 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 01/09/1995
4. FEI Number: NOT APPLICABLE (65-0548299) ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): P.O. BOX 6631
Suite, Apt. #, etc. (22):
City & State (23): VERO BEACH, FL
Zip (24): 32961 Country (25): USA

2a. Mailing Address (26): P.O. BOX 6631
Suite, Apt. #, etc. (27):
City & State (28): VERO BEACH, FL
Zip (29): 32961 Country (30): USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SEGUINE, JAMES E JR.
1729 17TH AVENUE
VERO BEACH FL 32968

10. Name and Address of New Registered Agent

81 Name: JAMES E. SEGUINE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1729 17th AVE
83: VL
84 City: VERO BEACH FL 85 Zip Code: 32960

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 3/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SEGUINE, JAMES E JR.	12 NAME		
STREET ADDRESS	1729 17TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	VILLARS, RICHARD	22 NAME		
STREET ADDRESS	1729 17TH AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MURPHY, DOUG	32 NAME		
STREET ADDRESS	1729 17TH AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BAILEY, DAVID E	42 NAME		
STREET ADDRESS	1729 17TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: [signature] JAMES E. SEGUINE, JR - PRESIDENT 3/20/95 (407) 770-5328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000110