SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name N47548 (5)

Indian River County Emergency Medical Service Fo UNDATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 6631 POST OFFICE BOX 6631 VERO BEACH FL 32961 VERO BEACH FL 32961 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1992 01/29/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Mot Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes Yes 24 25 28 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 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 VERO BEACH FL 32960 84 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. **SIGNATURE** 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 DELETE TITLE PD 1.1 TITLE ☐ Change Addition NAME SEGUINE, JAMES E JR. 1.2 NAME STREET ADDRESS 1729 17TH AVENUE 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP 1.4 CITY - ST - ZIP X DELETE Change TITLE 2.1 TITLE Addition ď NAME VILLARS, RICHARD 2.2 NAME BAILEY, David STREET ADDRESS 1729 17TH AVENUE 1729 17th Avenue 2.3 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 Vero Beach, Fl 32960 2.4 CITY-ST-7IP X DELETE Change Addition TITLE 3.1 TITLE MURPHY, DOUG NAME 3.2 NAME FREEMAN, Diane STREET ADDRESS **1729 17TH AVENUE** 1729 17th Avenue **3.3 STREET ADDRESS** VERO BEACH FL 32960 CITY-ST-ZIP 32960 3.4. CITY-ST-ZIP Vero Beach, Fl DELETE Change TITLE 4.1 TITLE **X** Addition >MURPHY, DOUG NAME BAILEY, DAVID E 4.2 NAME 1729 17th Avenue 1729 17TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS Vero Beach, FL 32960 VERO BEACH FL 32960 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE TITLE : 6.1 TITLE Addition NAME': 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an 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