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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N48248 (1)
1. Corporation Name
FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PARAMEDICS, INC.



Principal Place of Business: PO BOX 6325 TALLAHASSEE FL 32314-6325
Mailing Address: PO BOX 6325 TALLAHASSEE FL 32314-6325

3. Date Incorporated or Qualified: 04/07/1992
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

4. FEI Number: 59-3155135
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
FARBER, ANDREW J
1551 SPRUCEWOOD TRAIL
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	MDTS
NAME	FARBER, ANDREW J.	1.2 NAME	Farber, Andrew J.
STREET ADDRESS	1551 SPRUCEWOOD TRAIL	1.3 STREET ADDRESS	1551 Sprucewood Trail
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	VPD	2.1 TITLE	PD
NAME	KEMP, MALCOM T	2.2 NAME	Stewart, Gail
STREET ADDRESS	911 MCGUIRE COURT	2.3 STREET ADDRESS	4432 Kensington Road
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	S	3.1 TITLE	VD
NAME	VESWIO, MARK	3.2 NAME	Soard, Todd
STREET ADDRESS	6405 KINGMAN TRAIL	3.3 STREET ADDRESS	3504 NW 85th Avenue
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	TD	4.1 TITLE	VD
NAME	COX, CHARLES R.	4.2 NAME	Chapman, Cliff
STREET ADDRESS	3724 ROCKBROOK CT	4.3 STREET ADDRESS	P.O. Box 548
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Gainesville, FL 32502
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	Eriksen, Joe
STREET ADDRESS		5.3 STREET ADDRESS	1729 - 17th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 or changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)