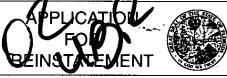
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N48248

1. Corporation Name

FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PAR AMEDICS, INC.

Principal Place of Business

Mailing Address

PO BOX 6325

SIGNATURE:

TALLAHASSEE FL 32314-6325

PO BOX 6325

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE NEGGI

TALLAHASSEE FL 32314-6325

FILED

02 NOV 19 PM 4: 29

SECRETARY OF STATE TALLAHASSEE. FLORIDA



If ahove a	ddraesas are incorrect in any way, line thr	wigh incorrect in	eformation and ontor	parraction balance				
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New M			illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/07/1992			
Suite, Apt. #, etc. 900 Fox Unley Drue HZOY 900 Fox			Volley Dur HZOY 5. FEI		5. FEI Numbe			
Language Langu		City & State	60 C		Not Applica 6. \$8.75 Additional Fee req			Not Applicable
Zip 2779 Country Zip 2779						OF STATUS DESIRED	for a Certif	icate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea				
Title(s) 1	Name of Officers and/or Directors	Street Address of Each 11,/19/ Officer and/or Director			0201011010/state/zlp5.00			
MTSD	Thomas A. Mongh	1551 SPRUCEWOOD TRAIL 900 Fox Volley DV #204			TALLAHASSEE FL LONGWOOD, FL32TA			
D	STEWART, GAIL	4432 KENSINGTON ROAD			TALLAHASSEE FL			
PD	SOARD, TODD	7220 NW 39TH MANOR			CORAL SPRINGS FL			
VD	KOPKA, WALTER	2437 PINEWOODS CIR			NAPLES FL 34105			
VD	ERIKSEN JOE	116 20TH AVE			VERO BEACH FL			
VD	MARINELLI, BRITTANY	3134 LAKE POINTE DR		PLANTATION FL 33314				
	8. Name and Address of Current F	9. Name and Address of New Registered Agent						
FARBER, ANDREW J				Thomas	D. Son	שמה		- 6
1551 SPRUCEWOOD TRAIL TALLAHASSEE FL 32311				Thomas D. Street Address (P.O. Box Number is Not Acceptable) 900 Fux Valley Det UC FIZOY Suite, Apt. #, Etc.				
				City	کی		State Zip Coo	le s
10. I, being	appointed the registered agent of the above	re named corpo	ration, am familiar wit	th and accept the ol	bligations of Secti	on 607.0505, F.S. or 617	7.0505, F.S.	
Signature of Registered	Account All Colors	TURE	REQU	IRED		- 10/64/2	ا مرح	
, logistered)		GISTERED AGI	ENT MUST SIGN			Date 191-11	·	·····
11. I certify this reins	that I am an officer or director or the receiv statement application, the reason for dissol	er or trustee em ution has been	npowered to execute teliminated, the corpo	this application as p	rovided for in cha the requirements	pter 607 or 617, F.S. I fu of section 607.0401 or 6	orther certify that 17.0401, F.S.,	t when filing