2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48248

Apr 13, 2005 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL EMTS AND PARAMEDICS, INC.

Current Principal Place of Business: New Principal Place of Business:

7667 W SAMPLE RD #294 1750 N UNIVERSITY DR.

CORAL SPRINGS, FL 33065 227

CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

1750 N UNIVERSITY DR 7667 W SAMPLE RD 294

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071

FEI Number: 59-3155135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SOARD`, TODD 7667 W SAMPLE RD 294 SOARD', TODD

1750 N UNIVERSITY DR

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33071 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TODD SOARD 04/13/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition

SOARD, TODD SOARD, TODD Name: Name: 7667 W SAMPLE RD 294 Address: 1750 N UNIVERSITY DR #227 Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33071

Title: Title: (X) Change () Addition () Delete

KEMP, MAC Name: KEMP, MAC Name: Address: 7667 W SAMPLE RD 294 Address: 1750 N UBIVERSITY DR #227

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC () Delete Title: SEC (X) Change () Addition ECHEVERRI, SINDIANA ECHEVERRI, SINDIANA Name: Name:

7667 W SAMPLE RD 294 1750 N UNIVERSITY DR #227 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33071

Title: TRE () Delete Title: TRE (X) Change () Addition

ERIKSEN, JOE Name: ERIKSEN, JOE Name:

1750 N UNIVERSITY DR #227 Address: 7667 W SAMPLE RD 294 Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD SOARD **PRES** 04/13/2005