

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N48248

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

Current Principal Place of Business:

1750 N UNIVERSITY DR.
227
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 N UNIVERSITY DR
227
CORAL SPRINGS, FL 33071

New Mailing Address:

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

Name and Address of Current Registered Agent:

SOARD, TODD
1750 N UNIVERSITY DR
227
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SOARD, TODD
Address: 1750 N UNIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: KEMP, MAC
Address: 1750 N UBIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SEC () Delete
Name: ECHEVERRI, SINDIANA
Address: 1750 N UNIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TRE () Delete
Name: ERIKSEN, JOE
Address: 1750 N UNIVERSITY DR #227
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/04/2006

Electronic Signature of Signing Officer or Director

Date