

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48248

FILED  
Apr 16, 2008  
Secretary of State

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: ERIKSEN, JOE  
Address: 1750 N UNIVERSITY 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: HICKS, TREVOR  
Address: 1750 N UNIVERSITY DR #227  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR ( ) Delete  
Name: SHEFFER, STEVEN  
Address: 1750 N UNIVERSITY DR #227  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR ( ) Delete  
Name: MORERA, ERNEST  
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:

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 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

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date