2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N94000004622

Entity Name: SOUTH FLORIDA REGIONAL DISASTER MEDICAL ASSISTANCE TEAM, INC.

Current Principal Place of Business:

12077 NW 39TH STREET
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

65 S CHRISTOPHER COURT
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 65-0536004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANZA, CHUCK
11562 GORHAM DR.
COOPER CITY, FL 33026 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: PD ( ) Delete
Name: CAPRIO, JOHN J
Address: 65 S CHRISTOPHER COURT
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete
Name: WEISMAN, RICHARD
Address: 658 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: TD (X) Delete
Name: DENNIS, JOSEPH
Address: 6815 LAKESIDE CIR. N.
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete
Name: DENNIS, JOANN
Address: 6815 LAKESIDE CIR. N.
City-St-Zip: DAVIE, FL 33314

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: STD (X) Change ( ) Addition
Name: DENNIS, JOANN
Address: 6815 LAKESIDE CIR. N.
City-St-Zip: DAVIE, FL 33314

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: JOHN J CAPRIO PD 09/29/2009

Electronic Signature of Signing Officer or Director — Date