

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 20, 2011
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
Name: DENNIS, JOE
Address: 2681 SW 154 LANE
City-St-Zip: DAVIE, FL 33331**Title:** VD
Name: WEISMAN, RICHARD
Address: 658 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326**Title:** STD
Name: DENNIS, JOANN
Address: 2681 SW 154 LANE
City-St-Zip: DAVIE, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: JOHN J CAPRIO

D

05/20/2011

Electronic Signature of Signing Officer or Director

Date