

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90283 032 ****61.25

DOCUMENT # N96000000313					
1. Entity Name THE GROUP CITY EMERGENCY MEDICAL SERVICE COALITION OF BROWARD COUNTY, FLORIDA, INC.					
Principal Place of Business 5790 MARGATE BLVD. MARGATE, FL 33063			Mailing Address 5790 MARGATE BLVD. MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOREN, SAMUEL S 3099 EAST COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Filing Fee Is \$61.25 Due by May 1, 2005				Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROSS, ARTHUR 5790 MARGATE BLVD. MARGATE, FL 33063			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARJORIE, J. CONLAN 6700 MIRAMAR PARKWAY MIRAMAR, FL 33023			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHINSON, CINDI 100 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33301			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONLAN, MARJORIE J. 6700 MIRAMAR PARKWAY MIRAMAR, FL 33023			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHINSON, CINDI 100 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33301			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONLAN, MARJORIE J. 6700 MIRAMAR PARKWAY MIRAMAR, FL 33023			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHINSON, CINDI 100 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33301			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONLAN, MARJORIE J. 6700 MIRAMAR PARKWAY MIRAMAR, FL 33023			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHINSON, CINDI 100 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33301			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

50023269



02172005 Chg-NP CR2E037 (10/03)

FL

Zip Code

2-28-05