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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000074 (1)**
1. Corporation Name
GREYHOUND EMERGENCY MEDICAL ASSISTANCE, INC.



Principal Place of Business 1933 BISHOPS GATE SW WINTER HAVEN FL 33880	Mailing Address 1933 BISHOPS GATE SW WINTER HAVEN FL 33880
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3. Date Incorporated or Qualified
01/07/1997

4. FEI Number 59-3424117	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**341 Cypress Gardens Blvd SE
Suite 147
Winter Haven FL 33880 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
Katherine M. Boesch
82 Street Address (P.O. Box Number is Not Acceptable)
1933 Bishops Gate SW
83
84 City
Winter Haven **FL** 85 Zip Code
33880

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Katherine M. Boesch* (NOTE: Registered Agent signature required when reinstating) **3/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BOESCH, KATHERINE M	1.2 NAME	
STREET ADDRESS	1933 BISHOPS GATE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PASSIFUME, JOYCE	2.2 NAME	
STREET ADDRESS	4 STILLWATER CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, ONTARIO CANADA L6X-3K5	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SAVAGE, DAVID C	3.2 NAME	
STREET ADDRESS	2747 CARMEL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLTON TX 75006	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine M. Boesch* **3/6/98** **941-299-4852**

CR2E037 (10/97)