FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90047 029 ****61.25

DOCUMENT # N9700002507

1. Corporation Name

BREVARD COUNTY EMERGENCY MEDICAL SERVICES FOUNDA TION, INC.

Principal Place of Business

2263 W. NEW HAVEN AVENUE

SUITE 330 W. MELBOURNE FL 32904 Mailing Address

2263 W. NEW HAVEN AVENUE

SUITE 330

W. MELBOURNE FL 32904



3. Date Incorporated or Qualifed

05/01/1997

Cuito Ant	# ata	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				59-3447447	*	. 	Applicable	
City & Stat	· }·				5. Certificate of Sta	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
^¹ Zip	Country	Zip	Count	ry	6. Election Campa	ign Financing	\$5.00	May Be	
!	25	29 3	30		Trust Fund Con	tribution	Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	-		8	11 Name		•			
WINDHAM, KENNETH SR				2 Street	eet Address (P.O. Box Number is Not Acceptable)				
2263 W. NEW HAVEN AVENUE									
SUITE 330				13					
. W. MELBOURNE FL 32904				4 City			85 Zip C	ode	
ļ				1		FL	• .		
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, Plorida Statutes. SIGNATURE Signature, typed or printed name of registered figent and title if applicable. (NOTE: Registered Agent algenture required when reinstating) DATE									
12.	OFFICERS AND		13.			NGES TO OFFICERS AF	ID DIRECTO	RS IN 12	
TITLE	Treasurer	☐ DELETE	1.1 7171,1		Secretary		Change	Addition	
NAME	DUGAN, PATRICK F		1.2 NAM	Ę	Pat Chadw	ick		1	
STREET ADDRESS	39 S ATLANTIC AVE		1.3 STR	ET ADDRESS	1785 Teak A	d. SE.	•	ļ	
CITY-ST-ZIP	COCOA BCH FL 32931		1.4 CÎTY	-ST-ZIP	Palm Bay Flo	nida 32909			
TITLE	Dir. Medical	☐ DELETE	2.1 TITLE		Les William	S: Education L	, Change	Addition	
NAME	MCPHERSON, JOHN R		2.2 NAM	E	1510 01 1	- Caacaiion D	rector	l	
STREET ADDRESS	1350 S. HICKORY STREET		2.3 STRI	ET ADDRESS	13/7 Clearla	ire lia.	0-		
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP		Cocoa PL	32922=65	7/		
TITLE	Dir. Legal	☐ DELETE	3.1 TITL	<u> </u>	Grants Dire	ctor	☐ Change	Addition	
NAME	TASKER, MOLLY J		3.2 NAME		Patricia O'n	Toller RN. 1	na.		
STREET ADDRESS	•		3.3 STRI	EET ADDRESS	F 39	25 Couth	AIA	2000	
CITY-ST-ZIP			3.4. CIT	-ST-ZIP	COCOAT SI	71 Re	ch FL	32131	
TITLE	Dir. Marketing	☐ DELETE	4.1 TITU	Ē	1110	Bow no Do	☐ Change	Addition	
NAME	DELISA, DOUGLAS J		4. 2 NAME						
STREET ADDRESS	1211 ASHLAND AVENUE, SE		4.3 STRI	ET ADDRESS	1				
CITY-ST-ZIP	PALM BAY FL 32909		4.4 CITY	-ST-ZIP	011,01	1. //			
TITLE		☐ DELETE	5.1 T/TL	E	indic nex	alions vired	>∕∏ Change	Addition	
NAME			5.2 NAM	E	Judy Slate	Γ		•	
STREET ADDRESS			5.3 STR	EET ADORESS			•		
CITY-ST-ZIP				-ST-ZIP			<u>.</u>	·	
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition	
NAME			6.2 NAM	E				1	
STREET ADDRESS			6.3 STR	EET ADDRESS			*		
CITY-\$T-ZIP				-ST-ZIP				<u> </u>	
14 I banabii	and the street of the street o	this filing done not qualify for t	he evem	ation states	Lin Section 119 07(3)(i) Fig.	rida Statutes, I further ce	rtify that the in	formation	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Fluriner 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, with all other like empowered.

CR2E037 (11/98)