05041999-90131-039-$61.25-$61.25

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90131 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004314

1. Corporation Name

FLORIDA TREASURE COAST EMERGENCY MEDICAL SERVICE S ADVISORY COUNCIL INC.

558604 - 90030 - 21

Principal Place of Business	Mailing Address
800 MARTIN LUTHER KING JR. BLVD. STUART FL 34994	800 MARTIN LUTHER KING JR. BLVD. STUART FL 34994

2. Principal Place of Business 21 6000 SE TOWER DR Suite, Apt. #, etc. 22 City & State 23 STUART, FL Zip 24 34997 Country 25 USA	2a. Mailing Address 26 6000 SE TOWER DR. Suite, Apt. #, etc. 27 City & State 28 STUART, FL Zip 29 34997 Country 30 USA.	3. Date Incorporated or Qualified 07/28/1997 4. FEI Number 65-0768099 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GODFREY, BILL
800 MARTIN LUTHER KING JR. BLVD.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name JOSEPH FERRARA.
82 Street Address (P.O. Box Number is Not Acceptable) 6000 SE TOWER DR.
83
84 City STUART FL 85 Zip Code 34997

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 Joseph FERRARA. Director 5/9/99.
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODFREY, BILL 800 MARTIN LUTHER KING JR. BLVD. STUART FL 34994	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairperson 'D' Joe Ferrara 6000 S.E. Tower Drive Stuart, Fl 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBERBECK, GLENN 6001 N A1A INDIAN RIVER SHORES FL 32963	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice Chairperson 'D' Ron Parrish 2400 Rhode Island Avenue Ft. Pierce, Fl 34948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRWIN, BARRY 2400 RHODE ISLAND AVENUE FORT PIERCE FL 34948	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer Marjorie Bowers 'D' IRCC, 3209 Virginia Avenue Ft. Pierce, Fl 32981	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEARER, JACQUELINE 740 - 35TH AVENUE S.W. VERO BEACH FL 32968	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Robert Kammel 'D' 6000 S.E. Tower Drive Stuart, Florida 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #