

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90038 017 *****61.25

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DOCUMENT # N97000004314

1. Entity Name

FLORIDA TREASURE COAST EMERGENCY MEDICAL SERVICE

Principal Place of Business

6000 SE TOWER DR
STUART FL 34997
US

Mailing Address

6000 SE TOWER DR
STUART FL 34997
US

751684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 Rhode Island Ave

Suite, Apt. #, etc.

3. Mailing Address

2400 Rhode Island Ave.

Suite, Apt. #, etc.

City & State

Ft. Pierce, Fl. 34948

City & State

Ft. Pierce, Fl. 34948

4. FEI Number

65-0768099

Applied For

Not Applicable

Zip

34948

Country

U.S.

Zip

34948

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRARA, JOSEPH
6000 SE TOWER DR
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Carlos Duran

Street Address (P.O. Box Number is Not Acceptable)

2400 Rhode Island Ave

City

Ft. Pierce

FL

Zip Code
34994

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.

SIGNATURE

Robert Kammel Robert Kammel for Carlos Duran 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Chairman

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	CD FERRARA, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6000 SE TOWER DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	VCD PARRISH, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2400 RHODE ISLAND AVENUE	
CITY-ST-ZIP	FT PIERCE FL 34948	
TITLE NAME	TD BOWERS, MARJORIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	IRCC, 3209 VIRGINIA AVENUE	
CITY-ST-ZIP	FT PIERCE FL 32981	
TITLE NAME	SD KAMMEL, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6000 SE TOWER DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CD Duran Carlos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2400 Rhode Island Ave.	
CITY-ST-ZIP	Ft. Pierce, Fl 34948	
TITLE NAME	VCD Brian Burkeen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1840 25th Street	
CITY-ST-ZIP	Vero Beach, Fl. 32960	
TITLE NAME	SD Lori Recca	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 Martin Luther King Jr. Blvd.	
CITY-ST-ZIP	Stuart, Fl. 34994	
TITLE NAME	TD Robert Kammel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6000 SE Tower Dr. Stuart, Fl. 34997	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Robert Kammel Robert Kammel 4/23/01 561-271-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)