## TO THE 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90291 042 \*\*\*\*61.25

DOCUMENT	# N9700004314

1. Entity Name

ST-ZIP

**:T ADDRESS** ST-ZIP

FLORIDA TREASURE COAST EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL INC.

Principal Plac	ce of Business	Maili	Mailing Address				44027509				
			1840 25th Street								
1840 25th Street Vero Beach, FL					960	ì					
Vero Be	each, FL 32960			-			i je ziklek diz 1618		IN FEM FEM SIT		
L Principal Place of Business 3. Mailing Address											
					_		1 10 B)(161 B) W 18(1)	14211 9614 4211 42	11)] #### P#(   <b>F</b>  #	ee non e.	
Suite, Apt. #, etc. Suite, Apt. #, etc.						03152004 <sub>C</sub>	hg-NP	CR2E03	7 (10/03)		
City & State			City & State				4. FEI Number			I IA	oplied For
City di Oldio							65-0768099 Not Applicable				
Zlp	Country	Z	ip	Cou	intry		6. Certificate of S	latus Desired		\$8.75 Ad	
				·			Fee Required				id i
	6. Name and Address of Curren	t Register	ed Agent		7. Name and Address of New Registered Agent						
מווח	AN CADLOC				Name	В	URKEEN. BR	[AN			
	AN, CARLOS	_		Street Address (P.O. Box Number is Not Acceptable)							
	O Rhode Island Avenue	3			<b>}</b> -		840_25th_St				<del></del>
For	t Pierce, FL 34948				_	V	ero Beach,	FL 329	160		
					City				FL	Zip Cod	le
The show	named entity submits this statement f				d office as	registers	ad agent or both in	the State of E		amiliar with	and accept
	tions of registered agent.	or the pur	pose of changing its f	egister	ad othce of	registere	ad agent, or boun, m	tile state of Fi	Uliua, Lailli	CHILINICAL MARKET,	and accept
4.0 00ga		_							111		~
	V 1997							M	4-6	09	
GNATURE	Signature, typed or printed name of registered agen	nt and title if an	plicable. (NOTE:	Registere	d Agent signatu	re required on	when reinstating)	<del></del>	DATE	<u> </u>	
					<del>-</del>	·		55.788375357	YXXXXXXX		
	Filing Fee is \$61.25		9. Election Campaign Financing				\$5.00 May Be	. 48-20	Makaranan)	(paternia)	
Due by May 1, 2004			Trust Fund Contribution.				Added to Fees	Pic	dela glacad	mencers	(10)
	OFFICERS AND D	RECTORS		11.		Α	DDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
Æ	CD		☐ Delete	TITL	: ]	CD				☐ Change	☐ Addition
Æ	DURAN, CARLOS			MAM	E	Bur	rkeen, Bria	n			
BET ADDRESS	2400 RHODE ISLAND AVE				ET ADDRESS		10				
1-ST-ZIP	FT. PIERCE, FL 34948			CITY	-ST-ZIP	Ver	o Beach, F	1 3296			
E	VCD		☐ Delete	TITL	: [	VCD	)		·	☐ Change	Addition
Œ	BURKEEN, BRIAN			NAM	- I	Sta	ibe, Robbie				
EET ADDRESS	1840 25TH ST				ET ADDRESS		)1 N. A1A				
'-\$T-ZIP	VERO BEACH, FL 32960			CITY	-ST-ZIP		lian River	Shores.	FL 329		
E	SD		☐ Delete	TITL		SD				☐ Change	Addition
E	RECCA, LORI			NAM	ı		ellief, Ca				
#T ADDRESS	800 MARTIN LUTHER KING JR	. BLVD			ET ADDRESS	170	00 S. 23 St	reet			
-ST-ZIP	STUART, FL 34994			CITY	-ST-ZIP		t Pierce.		50		
:	TD		Delete	m	: (	TD	,			Change	Addition
£	KAMMEL, ROBERT			NAM	· .		ca, Lori				
ET ADDRESS	6000 SE TOWER DRIVE				ET ADDRESS	800	Martin Lu	ther Ki	ng Blvd		
-ST-ZIP	STUART, FL 34997	<u>.</u>		CITY	-ST-ZIP		art FL 3				
:			Delete	חוו	: 7					Change	Addition
:	(		× +,	NAM	ŧ Į				•		Į.
ET ADDRESS	! ·			CTOS	ET LODDESS						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

☐ Change

Addition