

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004314

1. Entity Name
**FLORIDA TREASURE COAST EMERGENCY MEDICAL
SERVICES ADVISORY COUNCIL INC.**



Principal Place of Business
**1840 25TH STREET
VERO BEACH, FL 32960 US**

Mailing Address
**1840 25TH STREET
VERO BEACH, FL 32960 US**



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0768099** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURKEEN, BRIAN
1840 25TH STREET
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BURKEEN, BRIAN
STREET ADDRESS	1840 25TH STREET
CITY- ST- ZIP	VERO BEACH, FL 32960
TITLE	VCD
NAME	STABE, ROBBIE
STREET ADDRESS	6001 N. A1A
CITY- ST- ZIP	INDIAN RIVER SHORES, FL 32967
TITLE	SD
NAME	HAZELLIEF, CARY
STREET ADDRESS	1700 S. 23 STREET
CITY- ST- ZIP	FORT PIERCE, FL 34950
TITLE	TD
NAME	RECCA, LORI
STREET ADDRESS	800 MARTIN LUTHER KING BLVD.
CITY- ST- ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/11/05-80051-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Brian S. Burkeen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8, Feb. 05

Date

TB 5622078 x 3015

Daytime Phone #