2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007
Secretary of State

DOCUMENT# N97000004314

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

Current Principal Place of Business:

3050 AIRMAN'S DR
PORT. ST. LUCIE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

3050 AIRMAN'S DR
PORT ST. LUCIE, FL 34946 US

New Mailing Address:

FEI Number: 65-0768099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SZYMCZYK, EDDIE
3050 AIRMAN'S DR
PORT ST. LUCIE, FL 34946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SZYMCZYK, EDDIE
Address: 3050 AIRMAN'S DR
City-St-Zip: FT. PIERCE, FL 34946

Title: VCD ( ) Delete
Name: SPERBER, CLINT
Address: 1900 27TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete
Name: HAZELLIEF, CARY
Address: 1700 S. 23 STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete
Name: RECCA, LORI
Address: 800 MARTIN LUTHER KING BLVD.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE SZYMCZYK PRES 08/08/2007

Electronic Signature of Signing Officer or Director — Date