

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001844

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF EMERGENCY MEDICAL SERVICES EDUCATORS, INC.

**Current Principal Place of Business:**

4300 NW 23RD AVE, STE 476  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

4300 NW 23RD AVE, STE 476  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3502803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MALLORY, LOUIS  
4300 NW 23RD AVE, STE 476  
GAINESVILLE, FL 32606 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:** P  
**Name:** GREENE, JAIME  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** BEDFORD, JANE  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** STEPANOVSKY, NERINA  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** D  
**Name:** TODARO, JOHN  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** ST  
**Name:** CLEMENS, CHRISTINE  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** V  
**Name:** FLANAGAN, MICHAEL  
**Address:** 4300 NW 23RD AVE, STE 476  
**City-St-Zip:** GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

**SIGNATURE:** LOUIS.MALLORY@FAEMSE.ORG

RA

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date