

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 02, 2011
Secretary of State

DOCUMENT# N98000001844

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:**2725 SW 91ST STREET #110 PMB 55
GAINESVILLE, FL 32608**Current Mailing Address:**4300 NW 23RD AVE, STE 476
GAINESVILLE, FL 32606**New Mailing Address:**2725 SW 91ST STREET #110 PMB 55
GAINESVILLE, FL 32608**FEI Number:** 59-3502803**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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:**MALLORY, LOUIS
2725 SW 91ST STREET #110 PMB 55
GAINESVILLE, FL 32608 US

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: _____

08/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREENE, JAIME
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: BEDFORD, JANE
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: NATER, ANGEL
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: BRODY, ANDREA
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

Title: ST
Name: CLEMENS, CHRISTINE
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

Title: V
Name: FLANAGAN, MICHAEL
Address: 2725 SW 91ST STREET #110 PMB 55
City-St-Zip: GAINESVILLE, FL 32608

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

RA

08/02/2011

Electronic Signature of Signing Officer or Director

Date