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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

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1. Corporation Name

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES QUALITY PROFESSIONALS, INC.

Principal Place of Business

3717 S. CONWAY ROAD  
ORLANDO FL 32812-7607

Mailing Address

3717 S. CONWAY ROAD  
ORLANDO FL 32812-7607



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

62-1747607

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNNER, BETH  
3717 S. CONWAY ROAD  
ORLANDO FL 32812-7607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Beth Brunner* Executive Director

3-22-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MIRIOVSKY, MIKE  
STREET ADDRESS 4600 VALLEY ROAD, #337  
CITY-ST-ZIP LINCOLN NE 68510

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HATLEY, TODD  
STREET ADDRESS P.O. BOX 699  
CITY-ST-ZIP PITTSBORO NC 27312

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DUTKOWSKI, KAREN  
STREET ADDRESS 315 E. 200 SOUTH  
CITY-ST-ZIP SALT LAKE CITY UT 84111

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LANDY, AL  
STREET ADDRESS P.O. BOX 98000  
CITY-ST-ZIP LAFAYETTE LA 70509-8000

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEDUC, TODD  
STREET ADDRESS 2601 W. BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33112

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HARRAWOOD, DAVID  
STREET ADDRESS 2200 STICKNEY POINT RD.  
CITY-ST-ZIP SARASOTA FL 34321

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Al Landy* NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES QUALITY PROFESSIONALS, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

DATE

313/267-8823

Daytime Phone #

CR2E037 (1/98)