

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000272

FILED
Feb 11, 2004
Secretary of State

Entity Name: FIREFIGHTERS/PARAMEDICS SAVE LIVES, INC.

Current Principal Place of Business:

2328 S CONGRESS AVE, SUITE 2B
WEST PALM BEACH, FL

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVE, SUITE 2B
WEST PALM BEACH, FL

New Mailing Address:

FEI Number: 65-0884270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD, SUITE 212
LAKE WORTH, FL 33463 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: PD () Delete
Name: MAYO, MICHAEL J
Address: 2328 S CONGRESS AVE, SUITE 2B
City-St-Zip: WEST PALM BEACH, FL

Title: VD () Delete
Name: SEDGWICK, MICHAEL
Address: 6414 WOODBURY ROAD
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: BERGERON, MICHAEL A
Address: 2328 S CONGRESS AVE, SUITE 2B
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYO, MICHAEL J
Address: 2328 S CONGRESS AVE, SUITE 2C
City-St-Zip: WEST PALM BEACH, FL 33406

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

Title: STD (X) Change () Addition
Name: BERGERON, MICHAEL A
Address: 2328 S CONGRESS AVE, SUITE 2C
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL BERGERON

STD

02/11/2004

Electronic Signature of Signing Officer or Director

Date