## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000000272

FILED Mar 07, 2005 Secretary of State

Entity Name: FIREFIGHTERS/PARAMEDICS SAVE LIVES, INC.

**Current Principal Place of Business:** New Principal Place of Business:

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

SUITE 2C

WEST PALM BEACH, FL 33406 US

**Current Mailing Address:** New Mailing Address:

2328 S CONGRESS AVE, SUITE 2B 2328 S CONGRESS AVE

WEST PALM BEACH, FL SUITE 2C

WEST PALM BEACH, FL 33406 US

FEI Number: 65-0884270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MIERZWA & ASSOCIATES, P.A 3900 WOODLAKE BLVD, SUITE 212 LAKE WORTH, FL 33463

3900 WOODLAKE BLVD SUITE 212

MIERZWA & ASSOCIATES, P.A.

LAKE WORTH, FL 33463 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: 03/07/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MAYO, MICHAEL J MAYO, MICHAEL J Name:

Name: 2328 S CONGRESS AVE, SUITE 2C Address: 2328 S CONGRESS AVE, SUITE 2C Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WEST PALM BEACH, FL 33406 US

(X) Change ( ) Addition Title: () Delete Title:

SEDGWICK, MICHAEL Name: SEDGWICK, MICHAEL Name:

Address: 6414 WOODBURY ROAD Address: 2328 S CONGRESS AVE. SUITE 2C City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: STD () Delete Title: (X) Change ( ) Addition

BERGERON, MICHAEL A Name: BERGERON, MICHAEL A Name: 2328 S CONGRESS AVE, SUITE 2C 2328 S CONGRESS AVE, SUITE 2C Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WEST PALM BEACH, FL 33406 US

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 03/07/2005