

PO0000021963

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

200004424492--7  
-06/18/01--01081--001  
\*\*\*\*110.00 \*\*\*\*\*35.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
01 JUN 18 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

T BROWN JUN 26 2001

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Institute of Emergency Medical Services

Education and Research, Inc.

2. The mailing address of the corporation: 4046 Gilder Rose Place  
Winter Park, FL 32792

3. Date of incorporation/qualification: March 2, 2000 Document number: P00000021963

4. The name and address of the current registered agent and office:

Joseph Pagane

10507 Emerald Chase Drive  
Orlando, FL 32836

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Salvatore Silvestri, M.D.

901 W. Church Street  
Orlando, FL 32805

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Salvatore Silvestri, M.D.  
(Signature of an officer, chairman or vice chairman of the board)

6/12/01  
(Date)

Salvatore Silvestri, M.D., President  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Salvatore Silvestri, M.D.  
(Signature of Registered Agent)

6/12/01  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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