

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90077 009 ***158.75

DOCUMENT # P00000021963

1. Entity Name

INSTITUTE OF EMERGENCY MEDICAL SERVICES EDUCATION AND RESEARCH, INC.

Principal Place of Business

**10507 EMERALD CHASE DRIVE
 ORLANDO FL 32836**

Mailing Address

**4046 GILDER ROSE PLACE
 WINTER PARK FL 32792**

2. Principal Place of Business

7524 Seurat St.

3. Mailing Address

7524 Seurat St.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

U.S.

Zip

32819

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3636945

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVESTRI, SALVATORE M.D.
 901 W. CHURCH STREET
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **Salvatore Silvestri, M.D.**

Street Address (P.O. Box Number is Not Acceptable) **7524 Seurat St., #101**

City **Orlando**

FL

Zip Code **32819**

8. 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

Salvatore Silvestri, M.D.

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

(NOTE: Registered Agent signature required when reinstating)

2/18/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVESTRI, SALVATORE 3403 WATERBRIDGE DRIVE TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/P/C SALVATORE SILVESTRI, M.D. 7524 SEURAT STREET, #101 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Salvatore Silvestri, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

Daytime Phone #

CR2E034 (9/01)