

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000059841

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** FIRST PRIORITY MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

4620 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4620 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-1021701      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOLMAN, JEFFREY E  
3341 N.E. 165 ST.  
NORTH MIAMI BEACH, FL 33160      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HOLMAN, JEFFREY E  
**Address:** 3341 NE 165 ST.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33160

**Title:** VP  
**Name:** HOLMAN, PHILIP  
**Address:** 3521 NORTH 52ND AVE  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** VP  
**Name:** PANTALEON, HARRY  
**Address:** 14240 LAKE CANDLEWOOD ST  
**City-St-Zip:** HIALEAH, FL 33014

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JEFFREY HOLMAN

PRES

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date