

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90881 003 \*\*\*150.00

DOCUMENT # **P01000073690**

1. Entity Name

**Emergi-Care Providers, PA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10129 SPYGLASS LANE**

Suite, Apt. #, etc.

3. Mailing Address

**10129 SPYGLASS LANE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Port St. Lucie, FL**

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-112-5248**

Applied For

Not Applicable

Zip

**34986**

Country

Zip

**34986**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Dudley G. T. 1502**

Street Address (P.O. Box Number is Not Acceptable)

**10129 Spyglass Lane**

City

**Port St. Lucie,**

FL

Zip Code

**34986**

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

**Dudley G. T. 1502**

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**President  
Dudley G. T. 1502  
10129 Spyglass Lane  
Port St. Lucie  
FL  
34986**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President  
JAMES C. DOZIER  
10129 Spy Glass Lane  
Port St  
Lucie, FL  
34986**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dudley G. T. 1502 MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02**

DATE

**561-429-2220**

Daytime Phone #

CR2E034B (12/01)