2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P02000083142

Entity Name: EMERGENCY MEDICAL SCIENCES ACADEMY, INC.

Current Principal Place of Business:

2000 W COMMERCIAL BLVD, SUITE 200
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2000 W COMMERCIAL BLVD, SUITE 200
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 51-0423911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

S.M. CASORIA, III, ESQ.
CASORIA & GOFF, P.A.
1040 BAYVIEW DR, SUITE 600
FT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GALGANO, FRANK J
Address: 600 N. PINE ISLAND ROAD, #320
City-St-Zip: PLANTATION, FL 33324

Title: V (X) Delete
Name: PALEY, RICHARD J
Address: 600 N. PINE ISLAND ROAD, #320
City-St-Zip: PLANTATION, FL 33324

Title: V (X) Delete
Name: BROCATO, CHAD
Address: 600 N. PINE ISLAND ROAD, #320
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FIKE, C M
Address: 2000 W COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. M. FIKE II P 05/01/2007

Electronic Signature of Signing Officer or Director Date