

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103355

FILED
May 01, 2009
Secretary of State

Entity Name: FIRST RESPONSE MEDICAL INSTITUTE INC.

Current Principal Place of Business:

10001 SW 198 ST.
MIAMI, FL 33157 US

New Principal Place of Business:

10665 SW 190 ST.
3220
MIAMI, FL 33157 US

Current Mailing Address:

10001 SW 198 ST.
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 26-3765279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: P D () Delete
Name: NUNEZDEVILLAVICENCIO, DAVID
Address: 10001 SW 198 ST.
City-St-Zip: MIAMI, FL 33157 US

Title: CEO () Delete
Name: OLIVA, DAMIAN
Address: 11396 SW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: CFO () Delete
Name: OLIVA, JACQUELINE
Address: 11396 SW 14 CT
City-St-Zip: MIAMI, FL 33026 US

Title: VP D (X) Delete
Name: NUNEZDEVILLAVICENCIO, LISSETTE
Address: 10001 SW 198 ST
City-St-Zip: MIAMI, FL 33157 US

Title: D (X) Delete
Name: OLIVA, DAMIAN
Address: 11396 SW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Delete
Name: OLIVA, JACQUELINE
Address: 11396 SW 14 CT
City-St-Zip: MIAMI, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: NUNEZDEVILLAVICENCIO, LISSETTE
Address: 10001 SW 198 ST.
City-St-Zip: MIAMI, FL 33157 US

Title: CEO (X) Change () Addition
Name: NUNEZDEVILLAVICENCIO, DAVID
Address: MIAMI
City-St-Zip: MIAMI, FL 33157

Title: VP D (X) Change () Addition
Name: MONIVIS, ALEXANDER
Address: 13756 SW 169 LN.
City-St-Zip: MIAMI, FL 33177 US

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

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: LISSETTE NUNEZ DE VILLAVICENCIO

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date