

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000042983

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** JG EMERGENCY SERVICES OF FLORIDA, INC

**Current Principal Place of Business:**

965 POINT SEASIDE DRIVE  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1123  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

**FEI Number:** 27-0172541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAYBILL, JAMES  
965 POINT SEASIDE DRIVE  
CRYSTAL BEACH, FL 34681 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAYBILL, JAMES  
Address: 965 POINT SEASIDE DR.  
City-St-Zip: CRYSTAL BEACH, FL 34681

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: J. GRAYBILL

P

04/04/2011

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

\_\_\_\_\_  
Date