

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000012017

FILED
Apr 06, 2007
Secretary of State

Entity Name: EMERGENCY MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

725 SE PORT ST LUCIE BLVD
STE 205
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

597 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

725 SE PORT ST. LUCIE BLVD.
SUITE 205
PORT ST. LUCIE, FL 34984

New Mailing Address:

597 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

FEI Number: 65-0433154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIERZWA AND ASSOCIATES
3900 WOODLAKE BLVD. SUITE 212
LAKEWORTH, FL 33463 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: PSTD () Delete
Name: FIX, SHAUN
Address: 725 SE PORT ST. LUCIE BLVD. SUITE 205
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FIX, SHAUN
Address: 597 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAUN FIX

PSTD

04/06/2007

Electronic Signature of Signing Officer or Director

Date