

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059340 (7)**

1. Corporation Name
EMERGENCY SOLUTIONS INSTITUTE INCORPORATED



Principal Place of Business: **8250 32ND AVENUE NO. ST. PETERSBURG FL 33710**
Mailing Address: **8250 32ND AVENUE NO. ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified: **08/10/1994** 3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3264333** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**ROMIG, LARRY G
6029 18TH AVENUE NORTH
ST. PETERSBURG FL 33710-4910**

10. Name and Address of New Registered Agent

81. Name: _____

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

83. _____

84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Print name, typed or printed name of signing officer or director) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROMIG, LAURIE A MD	
STREET ADDRESS	8250 32ND AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROMIG, LARRY	
STREET ADDRESS	6029 18TH AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIEDERHOLD, RICHARD	
STREET ADDRESS	920 GRAN PASEO DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, MICHAEL	
STREET ADDRESS	1475 WOOGLCO DR APT 118	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KONRAD, RICHARD	
STREET ADDRESS	9003 WAYMARKET LANE	
CITY-STATE-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	D Lou Ellen Romig MD
63. STREET ADDRESS	6121 SW 28th St.
64. CITY-STATE-ZIP	Miami FL 33155

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/15/96 813/347-4479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)