

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Carvina B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069173 (0)**

1. Corporation Name  
**ADVANCED EMERGENCY CONCEPTS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**1102 N PARSONS AVE**      **1102 N PARSONS AVE**  
**BRANDON FL 33510**      **BRANDON FL 33510**

3. Date Incorporated or Qualified <b>09/16/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0528652</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**CHERRY, ROLA D**  
**1102 N PARSONS AVE**  
**BRANDON FL 33510**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and tax # applicable (NOTE: Registered Agent signature required when rechartering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CHERRY, ROLA D</b>
STREET ADDRESS	<b>1102 N PARSONS AVE</b>
CITY - ST - ZIP	<b>BRANDON FL 33510</b>
TITLE	<b>D</b>
NAME	<b>CHERRY, ERNEST E</b>
STREET ADDRESS	<b>1102 N PARSONS AVE</b>
CITY - ST - ZIP	<b>BRANDON FL 33510</b>
TITLE	<b>D</b>
NAME	<b>WHILLOCK, MARY C</b>
STREET ADDRESS	<b>16115 N TAMPA</b>
CITY - ST - ZIP	<b>LUTZ FL 33549</b>
TITLE	<b>D</b>
NAME	<b>WHILLOCK, JAMES</b>
STREET ADDRESS	<b>16115 N TAMPA</b>
CITY - ST - ZIP	<b>LUTZ FL 33549</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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, trustee or assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (original or on an attachment) with an address.

SIGNATURE: *Rola D. Cherry - P*      4-27-95 (813)661-9227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**Rola D. CHERRY - P**