

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000069173 (0)**

1. Corporation Name

**ADVANCED EMERGENCY CONCEPTS, INC.**



Principal Place of Business

**1102 N PARSONS AVE  
BRANDON FL 33510**

Mailing Address

**1102 N PARSONS AVE  
BRANDON FL 33510**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CHERRY, ROLA D  
1102 N PARSONS AVE  
BRANDON FL 33510**

3. Date Incorporated or Qualified

**09/16/1994**

3a. Date of Last Report

**05/01/1995**

4. FFI Number

**65-0528652**

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

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 607.1501, 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

Signature for corporation or authorized representative (Print Name)

Signature for registered agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME	<b>WHILLOCK, JAMES</b>	
STREET ADDRESS	<b>16115 N TAMPA</b>	
CITY - ST - ZIP	<b>LUTZ FL 33549</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: *Rola Cherry* **Rola CHERRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (813) 6619227  
DATE DISTRICT PHONE #

CR2E034 (12/95)