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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000091695

1. Corporation Name
DEPARTMENT OF VENICE EMERGENCY SERVICES, INC.

Principal Place of Business
540 RIALTO VENICE FL 34285

Mailing Address
PO BOX 447 VENICE FL 34284 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/28/1995

4. FEI Number
65-0628342

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 owes the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

SILBERSTEIN, DAVID M
720 S ORANGE AVE
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
MILEY, STEPHEN M
540 THE RIALTO
VENICE FL 34285

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

SIGNATURE

SIGNATURES REQUIRED

1/12/99

Date

941-483-7015

Daytime Phone #

CR2E034 (11/98)