2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000095580

1. Entity Name
EMS MEDICAL DIRECTORS, P.A.

Principal Place of Business	Mailing Address
6435 DUNLIETH PL. PENSACOLA, FL 32504	6435 DUNLIETH PL. PENSACOLA, FL 32504

02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANIS, PETER M
6435 DUNLIETH PLACE
PENSACOLA, FL 32504

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001008410 8
03/10/04-80065-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANIS, PETER M
STREET ADDRESS	6435 DUNLIETH PL.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	NEAL, CHARLES L
STREET ADDRESS	1129 SOUNDVIEW TRL.
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	SLEVINSKI, RICHARD
STREET ADDRESS	5024 ROLAND ROAD
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Peter Manis MD 3/5/04 850-478-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #