


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000095580</b> 1. Entity Name EMS MEDICAL DIRECTORS, P.A.	
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Principal Place of Business 6435 DUNLIETH PL. PENSACOLA, FL 32504	Mailing Address 6435 DUNLIETH PL. PENSACOLA, FL 32504
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MANIS, PETER M 6435 DUNLIETH PLACE PENSACOLA, FL 32504	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>		<p>11000000269232 03/19/05-800003-003 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANIS, PETER M 6435 DUNLIETH PL. PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEAL, CHARLES L 1129 SOUNDVIEW TRL. GULF BREEZE, FL 32561	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLEVINSKI, RICHARD 5024 ROLAND ROAD PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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 names empowered.

SIGNATURE:  **Peter Manis** **3/15/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #