

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90467 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000095580

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



00004551

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

Mailing Address
**6435 DUNLIETH PL.
PENSACOLA, FL 32504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3485001

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MANIS, PETER M
6435 DUNLIETH PLACE
PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANIS, PETER M
6435 DUNLIETH PL.
PENSACOLA, FL 32504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEAL, CHARLES L
1129 SOUNDVIEW TRL.
GULF BREEZE, FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SLEVINSKI, RICHARD
6024 ROLAND ROAD
PACE, FL 32571** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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)(1), 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 507, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MD Peter MANIS MD

3/17/03

850-478-0240

Daytime Phone #

CR2E034 (10/02)