

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108293

1. Entity Name

SPACE COAST EMERGENCY MEDICAL SERVICES, P.A.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90211 019 \*\*\*150.00

Principal Place of Business

Mailing Address

2999 S HWY A1A APT 4N  
MELBOURNE BEACH FL 32951

2999 S HWY A1A APT 4N  
MELBOURNE BEACH FL 32951-2850

2. Principal Place of Business

1003 River Road

3. Mailing Address

1003 River Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip

32951

Country

Florida

Zip

32951

Country

Florida

4. FEI Number

59-3489764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCPHERSON, JOHN R  
2999 S HWY A1A APT 4N  
MELBOURNE BEACH FL 32951

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

MCPHERSON, JOHN R  
2999 S HWY A1A APT 4N  
MELBOURNE BEACH FL 32951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John R. McPherson MD* President 321 724/8354

CR2E034 (9/99)