

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91594 037 \*\*\*150.00

**DOCUMENT #** P97000168293  
**1. Entity Name**  
SPACE COAST EMERGENCY MEDICAL SERVICES, P.A.

**Principal Place of Business** 1003 RIVER ROAD  
MELBOURNE BEACH, FL 32951  
**Mailing Address** 1003 RIVER ROAD  
MELBOURNE BEACH  
FLORIDA 32951

**2. Principal Place of Business**  
**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**552263**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3489764  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City MELBOURNE BEACH FL Zip Code 32951

**7. Name and Address of New Registered Agent**  
 Name JOHN R. MCPHERSON, MD  
 Street Address (P.O. Box Number is Not Acceptable)  
 City MELBOURNE BEACH FL Zip Code 32951

**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** John R McPherson MD JOHN R MCPHERSON MD (PRESIDENT) 4/29/01  
 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)

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	MCPHERSON, JOHN MD	1003 RIVER ROAD	
			MELBOURNE BEACH, FL 32951	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** John R McPherson MD JOHN R MCPHERSON MD 4/29/01  
 (321) 724 8354

CR2E034 (11/00)