

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90017 028 \*\*\*550.00

**DOCUMENT # P97000108293**

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

**Principal Place of Business**  
**1003 RIVERK POND**  
**MELBOURNE BEACH FL 32951**

**Mailing Address**  
**1003 RIVERK POND**  
**MELBOURNE BEACH FL 32951**

D0137021



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1003 River Road**

**3. Mailing Address**  
**1003 River Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3489764**

Applied For  
 Not Applicable

Zip Country

Zip Country

**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)

**1003 River Road**

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 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$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**  
**PD**  
**MCPHERSON, JOHN R**  
**1003 RIVER RD**  
**MELBOURNE BEACH FL 32951** ☐ Delete

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

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

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

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

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**NAME**  
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**CITY-ST-ZIP** ☐ Change ☐ Addition

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**CITY-ST-ZIP** ☐ 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 REQUIRED** **John R. McPherson** **9-3-02** **321-726-6119**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)