

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108784

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA EM-I MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

6200 S SYRACUSE WAY STE 200  
MS110  
GREENWOOD VILLAGE, CO 80111

**New Principal Place of Business:**

**Current Mailing Address:**

6200 S SYRACUSE WAY STE 200  
MS110  
GREENWOOD VILLAGE, CO 80111

**New Mailing Address:**

**FEI Number:** 75-2739410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BYRNE, GREGORY J M.D.  
Address: 6200 S SYRACUSE WAY STE 200, MS110  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY J. BYRNE M.D.

DPST

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date