

ANNUAL REPORT  
1999
 REPUBLIC OF FLORIDA  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P9800080995

1. Corporation Name

EMS SERVICE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

 626 MARSH LANDING PKY. #183  
 JACKSONVILLE BEACH, FL. 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21

26

59-3534241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

City &amp; State

City &amp; State

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes the current year intangible  
Personal Property Tax.

Yes

No

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER

343 ALMERIA AVE.

CORAL GABLES, FL. 33134

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. PRESIDENT OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 EL2BIETA MLYNARSKA  
 626 MARSH LANDING PKY. #183  
 JACKSONVILLE BCH, FL. 32250

 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

N/A

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE

 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 El2bieta Mlynarska  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/99 904-543-1596

CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

601522-90007-45  
P98000080995

July 26, 1999

EMS SERVICE MANAGEMENT, INC.  
626 MARSH LANDING PKWY  
#183  
JACKSONVILLE BEACH, FL 32250

Because of address change  
I never received 1st notice.  
Per phone conversation with  
one of the agent the late fee  
was waved.

~~SUBJECT: EMS SERVICE MANAGEMENT, INC.~~

Ref. Number: P98000080995

*Elaine Klepanski*

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

Complete block 12 or 13 by listing the complete name, title, street address, city, and state of each officer/director of the corporation.

List the title(s) of each officer/director that is listed in block 12, block 13 or on the attachment.

~~After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.~~

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

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