

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90155 034 ***150.00

DOCUMENT # P98000080995 ✓
1. Entity Name
EMS SERVICE MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2750 E.BAY DR. Suite, Apt. #, etc. D-9 City & State LARGO, FL. Zip 33771 Country USA		3. Mailing Address 2750 E.BAY DR. Suite, Apt. #, etc. D-9 City & State LARGO, FL. Zip 33771 Country USA	
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4. FEI Number 59-3534241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>AMERILAWYER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>343 ALMERIA AVENUE</u>	
City <u>CORAL GABLES</u>	FL <u>33134</u>

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 N/A (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) ☒
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	NAME	TITLE	NAME
PRESIDENT	ELZBIETA MLYNARSKA		
STREET ADDRESS	2750 E.BAY DR. #D-9	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL. 33771	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address with an otherlike empowered.
SIGNATURE: Elzbieta Mlynarska 4/22/02 727-530-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)