

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # S50539</b><br>1. Entity Name<br>MEDICS EMERGENCY SERVICES, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>351 S CYPRESS RD<br>#400<br>POMPANO BEACH, FL 33060 | Mailing Address<br>351 S CYPRESS RD<br>#400<br>POMPANO BEACH, FL 33060 |
|--|--|



03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0262980                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

COHEN, MALCOLM M.  
351 S CYPRESS RD  
#400  
POMPANO BEACH, FL 33060

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000116962  
04/16/04-80086-017 150.00

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>COHEN, MALCOLM M.<br>351 S CYPRESS RD<br>POMPANO BEACH, FL 33060 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>COHEN, MITCHELL<br>351 S CYPRESS RD<br>POMPANO BEACH, FL 33060     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #