2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# V19997

Entity Name: MEDICS EMERGENCY SERVICES OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

378 SW 12TH AVE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4595
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0333938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MALCOLM M
378 SW 12TH AVE
DEERFIELD BEACH, FL 33442 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: D
Name: COHEN, MALCOLM
Address: 378 SW 12TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VS
Name: COHEN, MITCHELL
Address: 378 SW 12TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V
Name: COHEN, ANDREW
Address: 378 SW 12TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

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: MITCHELL COHEN VS 01/10/2011

Electronic Signature of Signing Officer or Director Date