

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39536

FILED
Apr 29, 2011
Secretary of State

Entity Name: THE INSTITUTE FOR EMERGENCY MEDICAL SERVICES, INC.

Current Principal Place of Business:

2023 N. ATLANTIC AVE
SUITE 273
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

2023 N. ATLANTIC AVE
SUITE 273
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-3130266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOATS, MICHAEL L
3360 S. ATLANTIC AVE
UNIT 403
COCOA BEACH, FL 329311902 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: PT
Name: MOATS, MICHAEL L
Address: 3360 S. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 329311902

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: MICHAEL L. MOATS

PT

04/29/2011

Electronic Signature of Signing Officer or Director

Date