

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90076 030 ***150.00

DOCUMENT # V41157

1. Entity Name **JJ&R EMERGENCY MEDICAL GROUP OF FLORIDA, INC.**

Principal Place of Business

**4451 GLENCOE BLVD.
 SUITE 260
 MARINA DEL REY CA 90292
 US**

Mailing Address

**4451 GLENCOE BLVD.
 SUITE 260
 MARINA DEL REY CA 90292
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	JOHNSTON, BRIAN D	
STREET ADDRESS	4451 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	STAUM, BARRY	
STREET ADDRESS	4451 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	BUCKLEY, EDWARD L	
STREET ADDRESS	4451 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEPPER, STEVE	
STREET ADDRESS	4451 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASH, STEWART	
STREET ADDRESS	4451 GLENCOE SUITE 260	
CITY-ST-ZIP	MARINA DEL REY CA 90292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: **Barry Staum** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02

CR2E034 (9/01)