2000

DOCUMENT # V45347

1. Entity Name
Palm Bay Emergency Services Inc

Principal Place of Business
(former) 991 Thomas Barton Drive
Melbourne FL 32935

Mailing Address

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90093 045 ***150.00

2. Principal Place of Business (new)
1600 Sarno Road
Suite, Apt. #, etc.
Suite 204
City & State
Melbourne FL
Zip
32935
Country
US

3. Mailing Address
(same)
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3124914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Bruce A Mitchell
1825 S. Riverview Dr.
Melbourne FL 32901

7. Name and Address of New Registered Agent *
Name John R. Kunciw, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1686 W. Hibiscus Blvd
City Melbourne FL Zip Code 32901 *

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.
DATE 4-14-00
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/President Jere Fitts MD 1003 S. River Rd Melbourne Beach FL 32951	☒ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☒ Add

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kenneth W. Neely, MD 3071 Rio Palma North Indialantic FL 32903	☐ Change ☐ A
		☐ Change ☐
		☐ Change ☐
		☐ Change
		☐ Change

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

SIGNATURE: Kenneth Neely MD 10 April 2000 321-
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone