

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 039 ***150.00

DOCUMENT # V45347

1. Entity Name

PALM BAY EMERGENCY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 SARNO ROAD

3. Mailing Address

1600 SARNO ROAD

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3124914

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN R. KANCILIA

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

GRAY, HARRIS, ROBINSON

1800 HIBISCUS BLVD

City

MELBOURNE

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kenneth W. Neely, MD
3071 RIO PALMA N.
INDIALANTIC, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

2/27/02 321-254-6218

CR2E034B (12/01)