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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65225

(7)

1. Corporation Name

EMERGENCY MEDICAL TRAINERS, INC.

Principal Place of Business

6118 WEST ROBINSON ST.
ORLANDO FL 32835

Mailing Address

6118 WEST ROBINSON ST.
ORLANDO FL 32835-1360

3. Date Incorporated or Qualified
09/18/1992

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 774 Creek View Ct

2a. Mailing Address

26 PO Box 616160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3149560

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

22 City & State

23 Ocoee Florida

27 City & State

28 Orlando Florida

24 Zip

25 34761

Country

25 USA

29 Zip

29 32861-650

Country

30 Canada

9. Name and Address of Current Registered Agent

RICHARDSON, GLEN D.
6118 WEST ROBINSON ST.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

Glen D Richardson

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

774 Creek View Ct

83

84 City

Ocoee

FL

85 Zip Code

34761

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RICHARDSON, GLEN D.
STREET ADDRESS 6118 WEST ROBINSON ST.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 774 Creek View Ct
1.4 CITY-ST-ZIP Ocoee FL 34761

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Glen D Richardson

4-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004831

CR2E034 (9/96)