2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2018
Secretary of State
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Entity Name: FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

Current Principal Place of Business:

2728 OAKDALE DR. W,
ORANGE PARK, FL 32073

Current Mailing Address:

PO BOX 1490
ORANGE PARK, FL 32067 US

FEI Number: 59-2747652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRUM, CHRIS E
2728 OAKDALE DR. W,
ORANGE PARK, FL 32073 US

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: CHRIS DRUM 02/21/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	THEUS, HAROLD
Address	911 SE FIFTH ST
City-State-Zip:	GAINESVILLE FL 32801

Title	PD
Name	DRUM, CHRIS
Address	2101 SW 16TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

Title	SECRETARY
Name	TAYLOR, JEFF
Address	PO BOX 5038
City-State-Zip:	GAINESVILLE FL 32627

Title	PROGRAM ADMINISTRATOR
Name	HEATHERINGTON, MARCIE
Address	2728 OAKDALE DR. W,
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	PITTMAN, MIKE
Address	1500 SW 1ST AVENUE
City-State-Zip:	OCALA FL 34471

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCIE HEATHERINGTON PROGRAM ADMINISTRATOR 02/21/2018

Electronic Signature of Signing Officer/Director Detail — Date