

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767364

**Entity Name:** COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES,INC.

**Current Principal Place of Business:**

1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606

**Current Mailing Address:**

1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-2428204

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FELLER, JEFF  
1785 NW 80TH BLVD.  
GAINESVILLE, FL 32606 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:** JEFF FELLER

01/23/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MEURER, DAVID AMD  
Address        BOX 100186  
City-State-Zip: GAINESVILLE FL 32610

Title            VP  
Name            KAUFMAN, CARL EMT-P  
Address        2241 NE 40TH STREET  
City-State-Zip: OCALA FL 34479

Title            TREASURER  
Name            HOWARD, GWEN THOMAS  
Address        206 LAKE RAY ROAD  
City-State-Zip: HAWTHORNE FL 32640

Title            OTHER, REGISTERED AGENT  
Name            FELLER, JEFF  
Address        1785 NW 80TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

*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:** JEFF FELLER

CEO

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date