

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000165

Entity Name: NATIONAL EMS QUALITY ALLIANCE, INC.

Current Principal Place of Business:

391 E LAS COLINAS BLVD STE 130-329
IRVING, TX 75039

Current Mailing Address:

391 E LAS COLINAS BLVD STE 130-329
IRVING, TX 75039

FEI Number: 84-3120170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title INTERIM PRESIDENT
Name REDLENER, MD, MICHAEL
Address 4400 COLLEGE BLVD, STE 2200
City-State-Zip: OVERLAND PARK KS 66211

Title SECRETARY/TREASURER
Name MCEVOY, PHD, CHIEF MIKE
Address 4025 FAIR RIDGE DR
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name BRENNAN, PAUL
Address 1900 L STREET, NW, SUITE 705
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name BURTON, NRP, BROOKE
Address PO BOX 472
City-State-Zip: PLATTE CITY MO 64079

Title DIRECTOR
Name WASHKO, MBA, FACPE, JON
Address PO BOX 1400
City-State-Zip: CLINTON MS 39060

Title DIRECTOR
Name PENNER, JOE
Address PO BOX 472
City-State-Zip: PLATTE CITY MO 64079

Title DIRECTOR
Name CHAPLIN, MD, FAAP, ROBERT
Address 951 E MONTANA VISTA LN
City-State-Zip: SALT LAKE CITY UT 84124

Title DIRECTOR, OTHER
Name MURRAY, RICK
Address 4950 W ROYAL LANE
City-State-Zip: IRVING TX 75063

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

SIGNATURE: RICK MURRAY

**ASSISTANT EXECUTIVE
DIRECTOR**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR - OTHER
Name MURPHY, EXECUTIVE DIRECTOR, SHEREE
Address 391 E LAS COLINAS BLVD STE 130-329
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name HOLLERN, MEGAN
Address 391 E LAS COLINAS BLVD STE 130-329
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name JARVIS, MD, JEFF DR.
Address 391 E LAS COLINAS BLVD STE 130-329
City-State-Zip: IRVING TX 75039