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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 331168

1. Corporation Name
AMERICAN AMBULANCE SERVICE INC



Principal Place of Business

~~PO BOX 221550
 HOLLYWOOD FL 33022
 US~~

Mailing Address

~~PO BOX 221550
 HOLLYWOOD FL 33022
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1968

4. FEI Number
59-1161690

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2570 SOUTH PARK RD**

2a. Mailing Address
 26 **6605 NW 74 AVE**

22 Suite, Apt. #, etc.

23 City & State
PEMBROKE PARK FL

27 Suite, Apt. #, etc.

28 City & State
MIAMI, FL

24 Zip **33009** 25 Country **BROWARD** 29 Zip **33166** 30 Country **DADE**

9. Name and Address of Current Registered Agent

~~MAGARO, DENNIS W
 2570 S. PARK ROAD
 PEMBROKE PARK FL 33009~~

10. Name and Address of New Registered Agent

81 Name **RAUL MEDINA JR**

82 Street Address (P.O. Box Number is Not Acceptable)
6605 N.W. 74 AVE

83 ~~MIAMI~~

84 City **MIAMI** FL 85 Zip Code **33166**

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]* DATE **3-13-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	MAGARO, DENNIS W	1.2 NAME	MEDINA, RAUL
STREET ADDRESS	2570 S. PARK ROAD	1.3 STREET ADDRESS	6605 NW 74 AVE
CITY-ST-ZIP	PEMBROKE PARK FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE		2.1 TITLE	V.P.
NAME		2.2 NAME	MAGARO, DENNIS
STREET ADDRESS		2.3 STREET ADDRESS	2570 S PARK RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PEMBROKE PARK FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **3-13-99** DAYTIME PHONE # **305-888-4100**

CR2E034 (1/98)