

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 26 AM 8:24

**DOCUMENT # 745264 (2)**

1. Corporation Name  
**FLORIDA AMBULANCE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**35 SW 27TH AVE. 35 S.W. 27TH AVE.  
PO BOX 100579 MIAMI FL 33135  
MIAMI FL 33135  
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/14/1978</b>	3a. Date of Last Report <b>08/09/1994</b>
4. FEI Number <b>65-0101850</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**GARNER, ROBERT L  
35 SW 27TH AVE.  
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, ROBERT	1 2 NAME	
STREET ADDRESS	35 SW 27TH AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	
TITLE	SD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, LESLIE	2 2 NAME	
STREET ADDRESS	4728 OLD WINTER GARDEN RD.	2 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2 4 CITY - ST - ZIP	
TITLE	VPD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARDEMAN, CLINT	3 2 NAME	
STREET ADDRESS	4728 OLD WINTER GARDEN RD.	3 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3 4 CITY - ST - ZIP	
TITLE	TD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, ROBERT	4 2 NAME	
STREET ADDRESS	12490 ULMERTON RD.	4 3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTER, SCOTT	5 2 NAME	
STREET ADDRESS	5319 LAKE WORTH RD.	5 3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert L. Garner* **ROBERT L. GARNER, PRESIDENT/C.E.O** **05/05/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Page #)