

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

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DOCUMENT # 745264 (2)
 1. Corporation Name
FLORIDA AMBULANCE ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
7255 NW 19TH STREET SUITE C MIAMI FL 33126 US		7255 NW 19TH STREET SUITE C MIAMI FL 33126 US	
21	2a. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22 City & State	27	27 City & State
23	23 Zip	28	28 Zip
	Country		Country
24	25	29	30

3. Date Incorporated or Qualified
12/14/1978

4. FEI Number
65-0101850 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [] **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [] Yes [] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CALDWELL, JAIME S.
7255 NW 19TH STREET
SUITE C
MIAMI FL 33126

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer, if applicable

(NOTE - Registered Agent Signature required when re-registering)

DATE

12 OFFICERS AND DIRECTORS

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	[] DELETE
NAME	GARNER, ROBERT	
STREET ADDRESS	7255 NW 19TH STREET, SUITE C	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE	SD	[] DELETE
NAME	YATES, LESLIE	
STREET ADDRESS	4728 OLD WINTER GARDEN RD.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VARDEMAN, CLINT	
STREET ADDRESS	4728 OLD WINTER GARDEN RD.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	TD	[] DELETE
NAME	SILER, ROBERT	
STREET ADDRESS	12490 ULMERTON RD.	
CITY-STATE-ZIP	LARGO FL	
TITLE	PD	[] DELETE
NAME	CALDWELL, JAIME	
STREET ADDRESS	7255 NW 19TH STREET, SUITE C	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE	D	[] DELETE
NAME	MELLON, MIKE	
STREET ADDRESS	112 CARSWELL DR.	
CITY-STATE-ZIP	HOLLY HILL FL	

11 TITLE		[] Change [] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	SD	[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	VD	<input checked="" type="checkbox"/> Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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 if changed, or on an attachment with an address.

SIGNATURE: *Jaime S. Caldwell* **Jaime S. Caldwell** **9/28/98** **(954) 423-1719**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)

13.

TITLE: TD
NAME: Mike Grant
STREET ADDRESS: 21093 Kimble Avenue
CITY-ST-ZIP: Port Charlotte, Florida 33952

Change

Addition

TITLE: D
NAME: Marsha Morrell
STREET ADDRESS: 2103 Gilmore Street
CITY-ST-ZIP: Jacksonville, Florida 32204

Change

Addition