
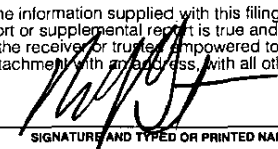


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90031 024 \*\*\*\*61.25

<b>DOCUMENT # 745264</b>					
1. Entity Name FLORIDA AMBULANCE ASSOCIATION, INC.					
Principal Place of Business 2761 WEST OLO HIGH 441 MOUNT DORA, FL 32757 US			Mailing Address 2761 WEST OLO HIGH 441 MOUNT DORA, FL 32757 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0101850 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JUDGE, JIM 2761 WEST OLD HIGH 441 MOUNT DORA, FL 32757			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10...		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, ROBERT		NAME		
STREET ADDRESS	7255 NW 19TH STREET, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUDGE, JIM		NAME		
STREET ADDRESS	2761 WEST OLD HIGH 441		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRELL, MARSHA		NAME		
STREET ADDRESS	2103 GILMORE STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALDWELL, JAIME		NAME		
STREET ADDRESS	7255 NW 19TH STREET, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELLON, MICHAEL		NAME		
STREET ADDRESS	112 CARSWELL DR.		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL, GRANT		NAME		
STREET ADDRESS	PO BOX 2444		STREET ADDRESS	PO Box 494317	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33949		CITY-ST-ZIP	PORT CHARLOTTE, FL 33949-4317	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Michael J. Grant		2-19-04 841-743-2022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	