


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 745264
 1. Entity Name
FLORIDA AMBULANCE ASSOCIATION, INC.



Principal Place of Business 2761 WEST OLD HWY 441 MOUNT DORA, FL 32757 US	Mailing Address 2761 WEST OLD HWY 441 MOUNT DORA, FL 32757 US
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06062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0101850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JUDGE, JIM
 2761 WEST OLD HIGH 441
 MOUNT DORA, FL 32757

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EISMANN, WALT 3747 SILVERSTAR RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDGE, JIM 2761 WEST OLD HIGH 441 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYAL, DAVID 15566 74TH AVE NORTH PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, JAIME 7255 NW 19TH STREET, SUITE C MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/08/06-80002-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **6-6-06** **352-516-1532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #