
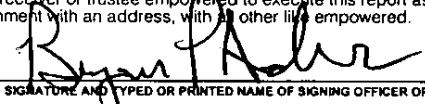


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90003 036 \*\*\*\*61.25

<b>DOCUMENT # 745264</b>			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISMANN, WALT 3747 SILVERSTAR RD ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDGE, JIM 2761 WEST OLD HIGH 441 MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Judge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2761 West Old Highway 441 Mount Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYAL, DAVID 15566 74TH AVE NORTH PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKAVRONECK, ALAN P.O. BOX 494317 PORT CHARLOTTE, FL 33949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bryan Andrews <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2761 West Old Highway 441 Mount Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another line empowered.			
SIGNATURE: 		Date: 8/20/08 Daytime Phone #: 352-385-2530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40114210



08202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0101850 Applied For  
Not Applicable

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

FL Zip Code