

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745264

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** FLORIDA AMBULANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2761 WEST OLD HWY 441  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

2761 WEST OLD HWY 441  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

FEI Number: 65-0101850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUDGE, JIM  
2761 WEST OLD HIGH 441  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JUDGE, JIM  
Address: 2761 W. OLD HWY 441  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP  
Name: SKAVRONECK, ALAN  
Address: P.O. BOX 494317  
City-St-Zip: PORT CHARLOTTE, FL 33949 US

Title: S  
Name: DYAL, DAVID  
Address: 15566 74TH AVE NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T  
Name: ANDREWS, BRYAN  
Address: 2761 W. OLD HWY 441  
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM JUDGE

MR.

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date