2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007805

Entity Name: MEDTEC AMBULANCE CORPORTION

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2429 LINC	OLN WAY EAS IN 465269292					
Current Mailing Address:			New Maili	New Mailing Address:		
	OLN WAY EAS IN 465269292	Т				
FEI Number: 35-1570451 FEI Number Applied For()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUTPLANTATION The above	ORATION SYS TH PINE ISLAN ON, FL 33324 named entity see of Florida.		rpose of changing i	its registered office or register	red agent, or both,	
SIGNATUF	RE:					
		c Signature of Registered Agen	t	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DS () I BLANKFIELD, BI 2307 OREGON S OSHKOSH, WI	STREET	Title: Name: Address: City-St-Zip:	EVPS (X) Change () Addit BLANKFIELD, BRYAN J 2307 OREGON STREET OSHKOSH, WI 54902	tion	
Title: Name: Address: City-St-Zip:	DCOO () I SZEWS, CHARL 2307 OREGON S OSHKOSH, WI	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addit	tion	
Title: Name: Address: City-St-Zip:	P () I FENNER, THOM 2600 AMERICAN APPLETON, WI	I DRIVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addit JONES, WILSON R 2600 AMERICAN DRIVE APPLETON, WI 54913	tion	
Title: Name: Address: City-St-Zip:	CFOT () SAGEHORN, DA 2307 OREGON S OSHKOSH, WI	STREET	Title: Name: Address: City-St-Zip:	DCFO (X) Change () Addit SAGEHORN, DAVID M 2307 OREGON STREET OSHKOSH, WI 54902	tion	
Title: Name: Address: City-St-Zip:	CEO () BOHN, ROBERT 2307 OREGON S OSHKOSH, WI	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addit	tion	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPT () Change (X) Addit GRENNIER, R. SCOTT 2307 OREGON STREET OSHKOSH, WI 54902	tion	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN J. BLANKFIELD SEC 04/07/2009