2005 FOR PROFIT CORPORATION

Jan 21, 2005 8:00 am Secretary of State **ANNUAL REPORT** 01-21-2005 90055 012 ***150.00 DOCUMENT # K42284 1. Enlity Name FLORIDA AERO MEDICAL ASSOCIATION, **INCORPORATED** Principal Place of Business Mailing Address 50005008 6433 FLAMINGO WAY S 6433 FLAMINGO WAY S ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 2. Principal Place of Business Mailing Address GOIT PLINGTON GOIT Arlingtop Cit Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01142005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For melbourne 59-2941641 melborne Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32940 AZU 32940 ۵۵۵ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DelGADO, JUDO DELGADO, JUAN E Street Address (P.O. Box Number is Not Acceptable) 6433 FLAMINGO WAY S GOIT APLINATON CTT ST. PETERSBURG, FL 33707 Zip Code Melbourne 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELGADO, JUAN E NAME NAME 239 S. BAY HARBOR DR STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition O'NEILL, NANCY NAME ciemens, mark con princted cir 6433 FLAMINGO WAY S STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33707 CI 32940 CITY-ST-ZIP CITY-ST-ZIP melbourne JIILE _____ ~ Delete. ... TITLE Change, ______Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defele TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

321-508-5241