

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42284

FILED
Sep 04, 2007
Secretary of State

Entity Name: FLORIDA AERO MEDICAL ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6017 ARLINGTON CIR
MELBOURNE, FL 32940 US

New Principal Place of Business:

607 COUNTY RD 630 W
FROSTPROOF, FL 33843 US

Current Mailing Address:

6017 ARLINGTON CIR
MELBOURNE, FL 32940 US

New Mailing Address:

607 COUNTY RD 630 W
FROSTPROOF, FL 33843

FEI Number: 59-2941641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, JUAN E
6017 ARLINGTON CIR
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

DUKE, DAVID A
607 COUNTY RD 630 W
FROSTPROOF, FL 33843 US

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: DAVID A. DUKE

09/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELGADO, JUAN E
Address: 239 S. BAY HARBOR DR
City-St-Zip: KEY LARGO, FL 33037

Title: ST () Delete
Name: CLEMENS, MARK
Address: 6017 ARLINGTON CIR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEE, JEFF
Address: 701 6TH STREET S
City-St-Zip: ST. PETERSBURG, FL 33701

Title: ST (X) Change () Addition
Name: DUKE, DAVID A
Address: 607 COUNTY RD 630 W
City-St-Zip: FROSTPROOF, FL 33843

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: DAVID A. DUKE

ST

09/04/2007

Electronic Signature of Signing Officer or Director

Date