

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42284

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** FLORIDA AERO MEDICAL ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 US

**New Mailing Address:**

FEI Number: 59-2941641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BACON, JULIE L  
1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 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: KOCH, KATHLEEN  
Address: 4115 W GRANADA  
City-St-Zip: TAMPA, FL 33629 67

Title: ST  
Name: BACON, JULIE L  
Address: 1008 HULL ISLAND DRIVE  
City-St-Zip: OAKLAND, FL 34787

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE L BACON

S/T

04/30/2012

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

\_\_\_\_\_  
Date