

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02755

FILED  
Jul 11, 2002 8:00 AM  
Secretary of State

Entity Name: AIR AMBULANCE CENTRAL, INC.

## Current Principal Place of Business:

5750 COLLINS AVE  
#150 B  
MIAMI, FL 33140

## New Principal Place of Business:

5750 COLLINS AVE  
#15 B  
MIAMI, FL 33140

## Current Mailing Address:

AIR AMBULANCE CENTRAL, INC.  
PO BOX 402189  
MIAMI, FL 331400189 US

## New Mailing Address:

FEI Number: 59-2515802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERCU LAWRENCE R  
5804 SUNSET DRIVE  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

BERCU LAWRENCE R  
5750 COLLINS AVE 15B  
MIAMI BEACH, FL 33140 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: \_\_\_\_\_

07/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PAS ( ) Delete  
Name: BERCU, LAWRENCE R.,  
Address: 5750 COLLINS AVE #150B  
City-St-Zip: MIAMI, FL 33140

Title: D ( ) Delete  
Name: BERCU, LAWRENCE R.,  
Address: 5750 COLLINS AVE 3150 B  
City-St-Zip: MIAMI, FL 33140

Title: S ( ) Delete  
Name: BERCU, LAWRENCE R.,  
Address: 5750 COLLINS AVE. #150B  
City-St-Zip: MIAMI, FL 33140

Title: T ( ) Delete  
Name: BERCU, LAWRENCE R.,  
Address: 5750 COLLINS AVE. #150B  
City-St-Zip: MIAMI, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BERCU, LAWRENCE R.,  
Address: 5750 COLLINS AVE #150B  
City-St-Zip: MIAMI, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE R. BERCU

P

07/11/2002

Electronic Signature of Signing Officer or Director

Date