

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000075712

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** EMERGENCY SERVICES 24, INC

**Current Principal Place of Business:**

3715 NORTH CREST RD  
SUITE 34  
DORAVILLE, GA 30340

**New Principal Place of Business:**

**Current Mailing Address:**

3715 NORTHCREST ROAD  
#34  
DORAVILLE, GA 30340

**New Mailing Address:**

**FEI Number:** 80-0238192      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ENGLEHARDT, JOHN C  
1524 E LIVINGSTON ST  
ORLANDO, FL 32803    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:** BASS, JEFFREY  
**Address:** 5317 CURRY FORD RD  
**City-St-Zip:** ORLANDO, FL 32812

**Title:** S  
**Name:** CALIFANO, RICHARD  
**Address:** 1375 EASTERN AVENUE  
**City-St-Zip:** SAINT CLOUD, FL 31069

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: JEFFREY BASS

P

04/08/2010

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

\_\_\_\_\_ Date