

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000058967 (7)**

1. Corporation Name

**AIR MEDICAL CONSULTANTS, INC.**



Principal Place of Business	Mailing Address
2139 DRIFTWOOD CIRCLE ATTN: MICHAEL J. ZAPPA, M.D. PALM BEACH GARDENS FL 33410	2139 DRIFTWOOD CIRCLE ATTN: MICHAEL J. ZAPPA, M.D. PALM BEACH GARDENS FL 33410

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc	Suite, Apt #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified <b>07/31/1995</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZAPPA, MICHAEL J M.D.  
2139 DRIFTWOOD CIRCLE  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROBELLI, JAMES P M.D.	
STREET ADDRESS	2139 DRIFTWOOD CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	AVERBACH, JOSEPH M.D.	
STREET ADDRESS	2139 DRIFTWOOD CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TANABE, DON M.D.	
STREET ADDRESS	2139 DRIFTWOOD CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ZAPPA, MICHAEL J M.D.	
STREET ADDRESS	2139 DRIFTWOOD CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Zappa, RD, Treasurer 7/21/96 (561) 627-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAY MONTH YEAR

CR2E034 (3/96)