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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 19 AM 10:06

DOCUMENT # P97000104316
1. Corporation Name
AMBULANCE NETWORK INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5600 NW 74TH AVE MIAMI FL 33166
3450 N.W 36th St MIAMI FL 33142

3/15/97 9/11/97/1/98 \$152.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 3450 N.W 36 St 26 3450 N.W 36 St
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 MIAMI Fla. 28 MIAMI Fla.
24 33142 29 U.S.A. 30 33142 U.S.A.

3. Date Incorporated or Qualified
12/11/1997 65-082-3847
4. FEI Number 23-08-46667936 APPLIED FOR
8. Certificate of Status Desired \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
10. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DAVID A. KORETZKY, P.A.
111SW 3RD STREET
MIAMI FL 33130

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 607.1506, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARARY, JOSEPH	
STREET ADDRESS	5600 NW 74TH AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4044 Meridian Ave
1.4 CITY-ST-ZIP	MIAMI Beach FL 33140
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (1/199)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Harary, Pres. 2/26/97 305-637-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

OUR TAXPAYER F.D. # IS 65 082 3847