

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104316

Entity Name: AMBULANCE NETWORK INC.

FILED  
Apr 14, 2008  
Secretary of State

**Current Principal Place of Business:**

3450 N.W. 36TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3450 N.W. 36TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 65-0823847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOLSTANO, EDUARDO J  
3450 NW 36TH STREET  
MIAMI, FL 33142 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARARY, JOSEPH  
Address: 4558 ALTON ROAD  
City-St-Zip: MIAMI, FL 33140

Title: DP ( ) Delete  
Name: TOLSTANO, EDUARDO J  
Address: 9595 COLLINS AVE APT 905 NT  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated in Chapter 119, 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: EDUARDO J TOLSTANO

DP

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date