


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90187 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K42284

1. Corporation Name

FLORIDA AERO MEDICAL ASSOCIATION, INCORPORATED

Principal Place of Business

 C/O TAMPA GENERAL HOSP
 AEROMED. PO BOX 1289
 TAMPA FL 33601
 US

Mailing Address

 22 WEST YALE ST
 ORLANDO FL 32804
 US

2. Principal Place of Business

21 **C/O PBC HEALTH CARE DISTRICT**Suite, Apt. #, etc. **TRAVELER SUITE**22 **324 DATUNA ST. SUITE 401**City & State **W. PALM BEACH FL.**23 **W. PALM BEACH FL.**Zip **33401** Country **USA**24 **33401** 25 **USA**

2a. Mailing Address

26 **239 S. Bay Harbor Dr.**

Suite, Apt. #, etc.

27 **KEY LARGO, FL**

City & State

28 **KEY LARGO, FL**Zip **33037** Country **USA**29 **33037** 30 **USA**

9. Name and Address of Current Registered Agent

 CORBETT, PATRICIA
 22 WEST YALE STREET
 ORLANDO FL 32804

3. Date Incorporated or Qualified

10/31/1988

4. FEI Number

59-2941641

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be Added to Fees**

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **239 S. Bay Harbor Dr.**84 City **KEY LARGO** FL **FL** 85 Zip Code **33037**

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

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 **P** ☒ DELETE
 NAME **MORRIS, LOU A**
 STREET ADDRESS **1215 ENGLISH BLUFFS**
 CITY-ST-ZIP **BRANDON FL 33511**
TITLE **ST** ☒ DELETE
 NAME **CORBETT, PATRICIA**
 STREET ADDRESS **22 WEST YALE STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**
TITLE **P** ☐ DELETE
 NAME **GERALD PALANO**
 STREET ADDRESS
 CITY-ST-ZIP
TITLE **ST** ☐ DELETE
 NAME **JUAN E. DELGADO**
 STREET ADDRESS **239 S. Bay Harbor Dr.**
 CITY-ST-ZIP **KEY LARGO, FL 33037**
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **GERALD PALANO - Pres.** ☐ Change ☒ Addition1.2 NAME **324 DATUNA ST. S-410**1.3 STREET ADDRESS **W.P.B., FL. 33401**

1.4 CITY-ST-ZIP

2.1 TITLE **Sec. TREAS** ☐ Change ☒ Addition2.2 NAME **JUAN E. DELGADO**2.3 STREET ADDRESS **239 S. Bay Harbor Dr.**2.4 CITY-ST-ZIP **KEY LARGO, FL 33037**3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/99**305-596-1960****X6647**

CR2E034 (1/98)