

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42284

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** FLORIDA AERO MEDICAL ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

4115 WEST GRANADA STREET  
TAMPA, FL 33629 US

**New Principal Place of Business:**

1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 US

**Current Mailing Address:**

4115 WEST GRANADA STREET  
TAMPA, FL 33629 US

**New Mailing Address:**

1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 US

**FEI Number:** 59-2941641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KOCH, KATHLEEN M  
4115 WEST GRANADA STREET  
TAMPA, FL 33629 US

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

BACON, JULIE L  
1008 HULL ISLAND DRIVE  
OAKLAND, FL 34787 US

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: JULIE L BACON

03/01/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KOCH, KATHLEEN  
Address: 4115 W GRANADA  
City-St-Zip: TAMPA, FL 33629 67

Title: ST  
Name: BACON, JULIE L  
Address: 1008 HULL ISLAND DRIVE  
City-St-Zip: OAKLAND, FL 34787

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: JULIE L BACON

ST

03/01/2010

Electronic Signature of Signing Officer or Director

Date