

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745264

FILED
Feb 01, 2021
Secretary of State
1023225424CC

Entity Name: FLORIDA AMBULANCE ASSOCIATION, INC.

Current Principal Place of Business:

1201 WILSON BLVD
C/O AMERICAN AMBULANCE ASSOCIATION
ARLINGTON, VA 22209

Current Mailing Address:

PO BOX 96503 #72319
WASHINGTON, DC 20090 US

FEI Number: 81-1090900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ALISSA
C/O NATIONAL HEALTH TRANSPORT
2290 NW 110TH AVE.
SWEETWATER, FL 33172 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: ALISSA GARCIA

02/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name PETERSON, JOHN
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

Title PRESIDENT ELECT
Name GARCIA, ALISSA
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

Title PRESIDENT
Name RAMOTAR, TERENCE
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

Title TREASURER
Name JOHNSON, MATTHEW
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

Title ADMINISTRATOR
Name WINESETT, MEGHAN
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

Title SECRETARY
Name SIMPSON, JOHN
Address PO BOX 96503 #72319
City-State-Zip: WASHINGTON DC 20090

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEGHAN WINESETT

ADMINISTRATOR

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date