2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 745264

Entity Name: FLORIDA AMBULANCE ASSOCIATION, INC.

FILED
Dec 14, 2020
Secretary of State
1733134851CC

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 12/14/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

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

Title PRESIDENT Title TREASURER

NameRAMOTAR, TERENCENameJOHNSON, MATTHEWAddressPO BOX 96503 #72319AddressPO BOX 96503 #72319City-State-Zip:WASHINGTON DC 20090City-State-Zip: WASHINGTON DC 20090

TitleADMINISTRATORTitleSECRETARYNameWINESETT, MEGHANNameSIMPSON, JOHN

 Address
 PO BOX 96503 #72319
 Address
 PO BOX 96503 #72319

 City-State-Zip:
 WASHINGTON DC 20090
 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