

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745264

**Entity Name:** FLORIDA AMBULANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

4351 PINNACLE STREET  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

4351 PINNACLE STREET  
PORT CHARLOTTE, FL 33980 US

**FEI Number:** 65-0101850

**Certificate of Status Desired:** No

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

SKAVRONECK, ALAN  
4351 PINNACLE STREET  
PORT CHARLOTTE, FL 33980 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:** ALAN SKAVRONECK

04/29/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SKAVRONECK, ALAN  
Address 4351 PINNACLE STREET  
City-State-Zip: PORT CHARLOTTE FL 33980

Title SECRETARY, TREASURER  
Name DYAL, DAVID  
Address 15566 74TH AVE NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name GLOVER, JOHN  
Address 2144 ROSSELL STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR  
Name POSTMA, MARK  
Address 12490 ULMERTON ROAD  
City-State-Zip: LARGO FL 33774

*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:** ALAN SKAVRONECK

**PRESIDENT**

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date