

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745264

**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

04/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            TREASURER  
Name            POSTMA, MARK  
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

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date