

2015 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

04/16/2015

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

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date