

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331168

Entity Name: AMERICAN AMBULANCE SERVICE INC

Current Principal Place of Business:

6605 NW 74 AVE
MIAMI, FL 33166

Current Mailing Address:

PO BOX 430871
SOUTH MIAMI, FL 33243 US

FEI Number: 59-1161690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, JR., RAUL
6605 NW 74TH AVE
MIAMI, FL 33166 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name MEDINA, RAUL
Address 6605 NW 74TH AVE
City-State-Zip: MIAMI FL 33166

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

SIGNATURE: RAUL MEDINA JR

P

01/07/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date