

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92736

Entity Name: NATIONAL AIR AMBULANCE, INC.**Current Principal Place of Business:**3485 SW 9TH AVE
FORT LAUDERDALE, FL 33315**Current Mailing Address:**P. O. BOX 22460
FT. LAUDERDALE, FL 33335-2460 US**FEI Number:** 65-0038270**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBBIN, SAMUEL AP
3485 SW 9TH AVE
FORT LAUDERDALE, FL 33315 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	T
Name	ROBBIN, WENDY B
Address	3485 SW 9TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	PS
Name	ROBBIN, SAMUEL
Address	3485 SW 9TH AVE
City-State-Zip:	FT LAUDERDALE FL 33315

Title	D
Name	BOY, THOMAS E
Address	3485 SW 9TH AVENUE
City-State-Zip:	FT LAUDERDALE FL 33315

Title	DVP
Name	BOY, T. RUSSELL
Address	3485 SW 9TH AVENUE
City-State-Zip:	FT LAUDERDALE FL 33315

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: THOMAS E BOY

D

01/17/2014

Electronic Signature of Signing Officer/Director Detail_____
Date