## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000065976

Entity Name: EAGLE AIR MEDICAL, INC.

**Current Principal Place of Business:** 

2402 NE 3RD CT

HOMESTEAD, AL 33033

**FILED** Apr 30, 2017 **Secretary of State** CC5017547078

## **Current Mailing Address:**

2402 NE 3RD CT

HOMESTEAD, AL 33033 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DAVIS, NEVONNA L MS. 2402 NE 3RD CT HOMESTEAD, FL 33033 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

Name DAVIS, NEVONNA L Address 2402 NE 3RD CT

City-State-Zip: HOMESTEAD FL 33033

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: NEVONNA DAVIS

04/30/2017 Date