## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PRØFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 184996

RANDLE EASTERN AMBULANCE SERVICE INC

(7)

97 HAR 10 AM 10: 20

SECRETARY OF STATE TALL AHASSEE FLORIDA

Principal Place of Business Mailing Address

35 SOUTHWEST 27 AVENUE 35 SOUTHWEST 27 AVENUE
MIAMI FL 33135 MIAMI FL 33135-1426

MINIMI IL COIO	•	Million 15 Abrah Line						
					3. Date Incorporated or Qualified 05/05/1955	3a. Date of Le 05/01/198		
2. Principal Pl	ace of Business	2a. Mailing Address 26 7255 N · W · 194	l CT	ና ኍ ለ	4. FEI Number		Applied For	
	VW 1944 ST. Suite C.		N 01.	Juile G.	59-0737717		Not Applicable	
Suite Apt. (	F, Q(C)	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Regulred	
City &-State	)	City & State			6. Election Campaign Financing		.00 May Be	
23 MIAM	i FL	28 MINMC,	FL		Trust Fund Contribution		ded to Fees	
Zip 33 l	Country	Zipana	Country		8. This corporation has liability for		ter s. 199.032,	
24	1231 0011	[29]	10 U	<u> </u>	,	Yes No		
	g. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	<u></u>	
	NER, ROBERT L		61	ivame				
3 <del>5 SW 27TH AVE</del>				82 Street Address (P.O. Box Number is Not Acceptable) 7255 NW /944 S7. Sv/Te C.				
MIAN	NI FL 33135		63	7.655	NW 1944 ST. JUITO	<u> </u>		
			[~]					
			84	City Mc 4	uh i	F1 85	Zip Code	
11. Pursuarit t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above			ourpose of chang	ing its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was au	thorized by	the corporati	on's board of directors. I hereby acce	ot the appointmen	nt as registered	
SIGNATURE	Triginal Will, and assopt the songar	TOTAL OF SOCIOTIES TO SOCIETIES	ou oluloto	•				
SIGNATURE	Stgrature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature require	od when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TOTE	PD CAPUED DOCEDE	☐ DELETE	11 TITLE 12 NAME			<b>™</b> Cha	inge Addition	
NAME	GARNER, ROBERT L.				7255 NW 1944 ST	Site		
STREET ADORESS	3 <del>5 S.W. 27 AVE.</del> MAMI FL		1.3 STREET	1	Viami FL 3	3126		
CITY-ST-ZIP TITLE	TS	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		<b>⊠</b> Cha	inge Addition	
NAME	KELLEHER, JOHN F.		2.1 IIILE 2.2 NAME			Ç Olla	ngo La recotton	
STREET ADDRESS	35 SOUTHWEST 27 AVENUE		2.3 STREET	Annece 1	355 NW 1944 ST. S	"vite C		
CITY-ST-ZIP	MIAMI FL 33135		2.4 CITY-5		14m' FL 3317	10 C		
TITLE	V	☐ DELETE	3.1 TITLE	,		Cha	inge Addition	
NAME	RANDLE, KENNETH C.		3.2 NAME	,,,		Suitec		
STREET ADDRESS	-35 S.W. 27TH AVE.		3.3 STREET	MUUDESS I	man him that are			
CITY-S1-ZIP	MIAMI FL		3.4. CITY-5	ST-ZIP	414m 1 FL 3312	6		
TITLE	D	DELETE	4.1 TITLE			Cha	inge Addition	
NAME	VERROCHI, PAUL M.		4. 2 NAME					
STREET ADDRESS	67 BATTERY MARCH ST		4.3 STREET	ADDRESS				
CHY-ST-7IP	BOSTON MA		4.4 CITY - S	T-21P			·	
TITLE	D	DELETE	5.1 TITLE		1 നമ്പിനമി	Cha	anne Addition	
NAME	PUOPOLO, DOMINIC		5.2 NAME		100 <b>002</b> 1	9701036	F-002	
STREET ADORESS	67 BATTERY MARCH ST		5 3 STREET	1	****17	3.75 ***	<b>*</b> 173.75	
CITY-ST ZIP	BOSTON MA	T prieze	5.4 C/TY - 5	T-ZIP		TT AC	naa Tadeeraa	
TITLE	ALODOE MULIAM	☐ DELETE	61 TITLE			Cha	ange	
NAME	GEORGE, WILLIAM 2821 S. PARKER RD., 10TH FU	nnp	62 NAME	1000000	-			
STREET ADDRESS	<del></del>	oun	6 3 STREET			÷		
CHY-ST-ZIP	AURORA CO		6.4 CITY - S	1-2IP			· · · · · · · · · · · · · · · · · · ·	

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97

(305) 718-6400 Daytime Phone #