FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDMENT

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -5 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 184996

1. Corporation Name

RANDLE EASTERN AMBULANCE SERVICE INC.

Principal Place of Business	Mailing Address
7255 NW 19 Street Miami, FL 33126	7255 NW 19 Street Miami, FL 33126

3. Date Incorporated or Qualified: **May 5, 1955**

3a. Date of Last Report: **May 01, 1996**

2. Principal Place of Business
21 **7255 NW 19th Street**
Suite, Apt. #, etc.: 22 **Suite C**
City & State: 23 **Miami, FL**
Zip: 24 **33126** Country: 25 **USA**

2a. Mailing Address
26 **7255 NW 19th Street**
Suite, Apt. #, etc.: 27 **Suite C**
City & State: 28 **Miami, FL**
Zip: 29 **33126** Country: 30 **USA**

4. FEI Number: **59-0737717** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C. T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RANDLE, KENNETH		1.2 NAME	
STREET ADDRESS	7255 NW 19th Street, Suite C		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, WILLIAM		2.2 NAME	
STREET ADDRESS	7255 NW 19th Street		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT L. GARNER		3.2 NAME	
STREET ADDRESS	PRESIDENT &DIRECTOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	7255 NW 19TH STREET, SUITE C		3.4 CITY-ST-ZIP	
TITLE	MIAMI, FLORIDA 3326	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHN F. KELLEHER		4.2 NAME	
STREET ADDRESS	TREASURER & SECRETARY		4.3 STREET ADDRESS	
CITY-ST-ZIP	7255 NW 19TH STREET, SUITE C		4.4 CITY-ST-ZIP	
TITLE	MIAMI, FLORIDA 3316	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

800002816528-- 1
-12/11/97--01079--009
*****61.25 *****61.25

WD 12-8-97

CR2E034 (9/96)

14. I do hereby certify 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F Kelleher 305 718 6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #