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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **184996**

1. Corporation Name
RANDLE EASTERN AMBULANCE SERVICE, INC.

Principal Place of Business	Mailing Address
2821 S. PARKER RD. 10TH FLOOR AURORA CO 80014	2821 S. PARKER RD. 10TH FLOOR AURORA CO 80014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/05/1955

2. Principal Place of Business 21 7255 N.W. 19th St.	2a. Mailing Address 26 7255 N.W. 19th St.	4. FEI Number 59-0737717	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee.Required
City & State 23 Miami, Florida	City & State 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GARNER, ROBERT L		1.2 NAME	Robert Garner	
STREET ADDRESS	7255 NW 19TH STREET		1.3 STREET ADDRESS	7255 N.W. 19th St.	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	Miami, Florida 33126	
TITLE	VAT	☐ DELETE	2.1 TITLE	V/T/AS	☒ Change ☐ Addition
NAME	KELLEHER, JOHN F		2.2 NAME	John F. Kelleher	
STREET ADDRESS	7255 NW 19TH STREET		2.3 STREET ADDRESS	7255 N.W. 19th St.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Florida 33126	
TITLE	VAS	☐ DELETE	3.1 TITLE	V/S	☐ Change ☒ Addition
NAME	GAINES, JOSHUA T		3.2 NAME	Trace Skeen	
STREET ADDRESS	2821 S. PARKER RD. 10TH FLOOR		3.3 STREET ADDRESS	1850 Parkway Place, #810	
CITY-ST-ZIP	AURORA CO 80014		3.4 CITY-ST-ZIP	Marietta, Georgia 30067	
TITLE	VAS	☒ DELETE	4.1 TITLE	V/AS	☐ Change ☐ Addition
NAME	ALLEN, ROBERT		4.2 NAME	Joshua T. Gaines	
STREET ADDRESS	2821 S. PARKER RD. 10TH FLOOR		4.3 STREET ADDRESS	2821 S. Parker Road, 10th Fl.	
CITY-ST-ZIP	AURORA CO 80014		4.4 CITY-ST-ZIP	Aurora, Colorado 80014	
TITLE	PTAS	☒ DELETE	5.1 TITLE	V/AS	☐ Change ☒ Addition
NAME	RESTER, JOHN		5.2 NAME	Gino Porazzo	
STREET ADDRESS	2821 S. PARKER RD. 10TH FLOOR		5.3 STREET ADDRESS	2821 S. Parker Road, 3rd Fl.	
CITY-ST-ZIP	AURORA CO 80014		5.4 CITY-ST-ZIP	Aurora, Colorado 80014	
TITLE	D	☒ DELETE	6.1 TITLE	AS	☐ Change ☐ Addition
NAME	DEHUFF, GEORGE B III		6.2 NAME	Susan Whittaker	
STREET ADDRESS	2821 S. PARKER RD. 10TH FLOOR		6.3 STREET ADDRESS	669 Airport Freeway, #400	
CITY-ST-ZIP	AURORA CO 80014		6.4 CITY-ST-ZIP	Hurst, Texas 76053	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

184996

444740-90128-3

Randle Eastern Ambulance Service, Inc.
Cont.

D
John Grainger
3221 N. Service Road
Burlington, ON CANADA L7R3Y8