2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184996

FILED Feb 07, 2006 Secretary of State

Entity Name: RANDLE EASTERN AMBULANCE SERVICE, INC.

| | rincipal Place | of Business: | | New Prince | ipal Place o | f Business: |
|---|---|--|-------------------|---|--|---|
| 200 S. S | YRACUSE WA | Υ | | | | |
| UITE 200 REENW |) 'OOD VILLAGE | E, CO 80111 | US | | | |
| urrent M | lailing Addres | ss: | | New Maili | ng Address: | |
| 200 S S | YRACUSE WA | Υ | | | | |
| UITE 200 | | | US | | | |
| | : 59-0737717 | , | applied For () | FEI Number Not App | licable () | Certificate of Status Desired (X) |
| ame and | d Address of C | Current Regist | tered Agent: | Name and | Address of | New Registered Agent: |
| 200 SOU | PORATION SYS ITH PINE ISLAI ION, FL 33324 | ND ROAD | | | | |
| | e named entity s e of Florida. | submits this st | atement for the p | ourpose of changing i | ts registered | office or registered agent, or bot |
| IGNATU | RE: | | | | | |
| | Electron | nic Signature o | f Registered Age | ent | | Date |
| ection Ca | mpaign Financing | g Trust Fund Co | ntribution (). | | | |
| FFICER | S AND DIREC | TORS: | | ADDITION | IS/CHANGES | S TO OFFICERS AND DIRECT |
| | D () |) Delete | | Title: | , |) Change () Addition |
| ame: ldress: | SANGER, WILL 6200 S. SYRAC | IAM CUSE WAY, #200 | | Name: Address: | (|)Change ()Addition |
| ame: ddress: ity-St-Zip: | SANGER, WILL 6200 S. SYRAC GREENWOOD | LIAM CUSE WAY, #200 VILLAGE, CO 80 | | Name: Address: City-St-Zip: | · | |
| ame: ldress: ty-St-Zip: :le: ame: ldress: | SANGER, WILL 6200 S. SYRAC GREENWOOD | LIAM CUSE WAY, #200 VILLAGE, CO 80) Delete ROBERT IREET | | Name: Address: | · |) Change () Addition |
| ame: Idress: ty-St-Zip: Ide: Idress: Idress: ty-St-Zip: Idress: ty-St-Zip: Ide: Idress: Idress: | SANGER, WILL 6200 S. SYRAC GREENWOOD VPAS () LATORRACA, F 55 CHURCH ST NEW HAVEN, C VTAS () MACLEOD, DO 55 CHURCH ST | LIAM CUSE WAY, #200 VILLAGE, CO 80) Delete ROBERT FREET CT 06510 US) Delete UGLAS FREET | | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | VPAS (X MACLEOD, D 55 CHURCH S |) Change () Addition X) Change () Addition OUGLAS STREET |
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| tle: ame: ddress: ity-St-Zip: | SANGER, WILL 6200 S. SYRAC GREENWOOD VPAS () LATORRACA, F 55 CHURCH ST NEW HAVEN, C VTAS () MACLEOD, DO 55 CHURCH ST NEW HAVEN, C PCEO () GARNER, ROB 7255 NW 19TH MIAMI, FL 331 VPAS () OWEN, RANDE 6200 S SYRAC | LIAM CUSE WAY, #200 VILLAGE, CO 80) Delete ROBERT IREET CT 06510 US) Delete UGLAS IREET CT 06510 US) Delete ERT I STREET 26 US) Delete | 0111 US | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip: | VPAS (; MACLEOD, D: 55 CHURCH S NEW HAVEN, (VPST (; OWEN, RAND 6200 S SYRA |) Change () Addition X) Change () Addition OUGLAS STREET CT 06510 US) Change () Addition X) Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDEL OWEN VPST 02/07/2006