

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 331168

1. Corporation Name

AMERICAN AMBULANCE SERVICE INC

Principal Place of Business

PO BOX 221556
HOLLYWOOD FL 33022
US

Mailing Address

PO BOX 221556
HOLLYWOOD FL 33022
US

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90004 012 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1968

4. FEI Number

59-1161690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MAGARO, DENNIS W
2570 S. PARK ROAD
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name RAUL MEDINA JR

82 Street Address (P.O. Box Number is Not Acceptable)
6605 N.W. 74 AVE

83

84 City MIAMI

FL 85 Zip Code 33166

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

3-13-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAGARO, DENNIS W
STREET ADDRESS 2570 S. PARK ROAD
CITY-ST-ZIP PEMBROKE PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MEDINA, RAUL
1.3 STREET ADDRESS 6605 N.W. 74 AVE
1.4 CITY-ST-ZIP MIAMI, FL. 33166

2.1 TITLE V.P.
2.2 NAME MAGARO, DENNIS
2.3 STREET ADDRESS 2570 S. PARK RD.
2.4 CITY-ST-ZIP PEMBROKE PARK FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

3-13-99 305-888-4100

Date

Daytime Phone #

CR2E034 (1/98)