## **FILED** Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90909 009 \*\*\*158.75

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

331168

1. Entity Name

AMERICAN AMBULANCE SERVICE INC



						OD WE TE						
Principal Place of Business 2570 SOUTH PARK RD PEMBROKE PARK FL 33009 US			6605	Mailing Address 6605 NW 74 AVE MIAMI FL 33166 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4	59-1161690	Sumber 59-1161690 Applied For Not Applied For			
Zip Country			Zip	Zip Country			5	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent					
						Name						
MEDINA, J				Stree			ddress (P.O. Box Number is Not Acceptable)					
6605 NW MIAMI FL	_				-		•					
						City			┌┖╎╵	Code		
	named entity ions of regist		ement for the purp	ose of changing its	s registere	d office or regis	stered a	agent, or both, in the State of Florida. I	am familiar	with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of regist	tered agent and title if app	licable. (NOT	E: Registered	Agent signature requ	uired wher	n reinstating) D/	ATE			
After Make Check	r May 1, 200	FEE IS \$150 3 Fee will be \$ Florida Depart	550.00 ment of State	200				Election Campaign Financing     Trust Fund Contribution.		Added	May Be to Fees	
10.				11.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	IN 11		
NAME	P MEDINA, RAUL 6605 NW 74TH AVE MIAMI FL 33166			☐ Delete	Delete TITLE NAME STREET CITY-S				☐ Cha	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷		Delete	TITLE NAME STREE CITY-1	T ADDRESS			☐ Cha	ange	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	15 15 15 15 15			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Cha	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	F ADDRESS ST-ZIP			☐ Cha	ange	☐ Addition	
itle Name Street address City-St-Zip	i			☐ Delete	TITLE NAME STREE CITY-S	r address St-zip	-		☐ Cha	inge	Addition	
TITLE HAME STREET ADDRESS SITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP			☐ Cha	nge	Addition	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

