

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 427803

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: VENICE AMBULANCE SERVICE, INC.

## Current Principal Place of Business:

233 CENTER CT.  
VENICE, FL 34292

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 454317  
PORT CHARLOTTE, FL 33949

## New Mailing Address:

PO BOX 494317  
PORT CHARLOTTE, FL 33949

FEI Number: 59-1469493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, MICHAEL J  
22093 KIMBLE AVE  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

GRANT, MICHAEL J  
22093 KIMBLE AVE  
PORT CHARLOTTE, FL 33952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL J GRANT

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRANT, MICHAEL J  
Address: 127 CREEK DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: GRANT, LORRAINE  
Address: 127 CREEK DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRANT, MICHAEL J  
Address: 22093 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition  
Name: GRANT, LORRAINE  
Address: 22093 KIMBLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J GRANT

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date