2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# 584194

Entity Name: AIRBORNE MEDICAL SERVICES, INC.

Current Principal Place of Business:

PMB 301
PO BOX 413005
NAPLES, FL 34101 US

New Principal Place of Business:

Current Mailing Address:

PMB 301
PO BOX 413005
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-1848391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATONA, RANDALL J
PMB 301
838 NEAPOLITAN WAY
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTD ( ) Delete
Name: LATONA, RANDALL J,
Address: PMB 301/PO BOX 413005
City-St-Zip: NAPLES, FL 34101

Title: S ( ) Delete
Name: LATONA, LISA A.,
Address: PMB 301/PO BOX 413005
City-St-Zip: NAPLES, FL 34101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA A LATONA SEC 01/22/2004

Electronic Signature of Signing Officer or Director Date