# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 28, 2009**
**Secretary of State**

DOCUMENT# 588784

**Entity Name:** MEDICS AMBULANCE SERVICE, INC.

**Current Principal Place of Business:**

378 SW 12TH AVE
BLDG 6
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4595
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number: 59-2154162** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, MALCOLM
378 SW 12 AVENUE
DEERFIELD BEACH, FL 33442 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: PD ( ) Delete
Name: COHEN, MALCOLM
Address: 378 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VS ( ) Delete
Name: COHEN, MITCHELL
Address: 378 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: V ( ) Delete
Name: COHEN, ANDREW
Address: 378 SW 12 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: MALCOLM COHEN PD 01/28/2009
Electronic Signature of Signing Officer or Director Date