

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745264 (2)

1. Corporation Name

FLORIDA AMBULANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

35 SW 27TH AVE.
PO BOX 100579
MIAMI FL 33135
US

35 S.W. 27TH AVE.
MIAMI FL 33135
US

3. Date Incorporated or Qualified
12/14/1978

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0101850

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GARNER, ROBERT L.~~
35 SW 27TH AVE.
MIAMI FL 33135

81 Name JAIME S. CALDWELL
82 Street Address (P.O. Box Number is Not Acceptable)
35 SW 27th AVENUE
83
84 City Miami FL 85 Zip Code 33135

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jaime S. Caldwell

JAIME S. CALDWELL

4/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
40	GARNER, ROBERT	35 SW 27TH AVE	MIAMI FL	☐
41	YATES, LESLIE	4728 OLD WINTER GARDEN RD.	ORLANDO FL	☐
42	VARDEMAN, CLINT	4728 OLD WINTER GARDEN RD.	ORLANDO FL	☐
43	SILER, ROBERT	12490 ULMERTON RD.	LARGO FL	☐
44	RESTER, SCOTT	5319 LAKE WORTH RD.	LAKE WORTH FL	☒
45				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	☒ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change ☒ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change ☒ Addition

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PD CALDWELL, JAIME
35 SW 27 AVENUE
MIAMI, FL

D Mellon, Mike
PO Box 6045
Daytona Beach, FL 32117

112 CARSWELL DRIVE
HOLLY HILL, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jaime S. Caldwell
JAIME S. CALDWELL

(NOTE: Registered Agent signature required when reinstating)

4/30/96

305 477-4693

Daytime Phone #

CR2E037 (12/95)

1. Florida Ambulance Association

4. FEI Number: 65-0101850

12.

7.1 D

7.2 Grant, Mike

7.3 PO Box 2444

7.4 Port Charlotte, FL

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