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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
~~95 SW 27TH AVE. 7255 NW 19th St. Suite C~~ ~~PO BOX 100570~~ ~~MIAMI FL 33135~~ US	~~95 S.W. 27TH AVE.~~ ~~MIAMI FL 33135-1426~~ US

3. Date Incorporated or Qualified: 12/14/1978	3a. Date of Last Report: 05/01/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 7255 NW 19th Street	26 7255 NW 19th Street
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30

9. Name and Address of Current Registered Agent

CALDWELL, JAIME S.
~~95 SW 27TH AVE.~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 7255 NW 19th Street

83 Suite C

84 City: Miami FL 85 Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARNER, ROBERT		1.2 NAME		
STREET ADDRESS	~~95 SW 27TH AVE~~		1.3 STREET ADDRESS	7255 NW 19th street, Suite C	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	Miami, Fl 33126	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YATES, LESLIE		2.2 NAME		
STREET ADDRESS	4728 OLD WINTER GARDEN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VARDEMAN, CLINT		3.2 NAME		
STREET ADDRESS	4728 OLD WINTER GARDEN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SILER, ROBERT		4.2 NAME	600002078716 -02/05/97--01053--051 ***61.25	
STREET ADDRESS	12490 ULMERTON RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, JAIME		5.2 NAME		
STREET ADDRESS	~~95 SW 27TH AVE.~~		5.3 STREET ADDRESS	7255 NW 19th steet, Suite C	
CITY-ST-ZIP	~~MIAMI FL 33135~~		5.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MELLON, MIKE		6.2 NAME		
STREET ADDRESS	112 CARSWELL DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		6.4 CITY-ST-ZIP	VB 2-4	

14. I do 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 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.

Jaime S. Caldwell

CR2E037 (9/96)