SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90025 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745264**

1. Corporation Name
FLORIDA AMBULANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7255 NW 19TH STREET SUITE C MIAMI FL 33126 US	7255 NW 19TH STREET SUITE C MIAMI FL 33126 US

2. Principal Place of Business 21 112 Carswell Avenue	2a. Mailing Address 26 112 Carswell Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holly Hill, FL	City & State 28 Holly Hill, FL
Zip / Country 24 32117 25 US	Zip / Country 29 32117 30 US

3. Date Incorporated or Qualifed: 12/14/1978
4. FEI Number: 65-0101850 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CALDWELL, JAIME S.
7255 NW 19TH STREET
SUITE C
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Michael J. Mellon
82 Street Address (P.O. Box Number is Not Acceptable): 112 Carswell Avenue
83
84 City: Holly Hill **FL** 85 Zip Code: 32117

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: Michael J. Mellon — 7/22/99 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	7255 NW 19TH STREET, SUITE C		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	D	☐ 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	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILER, ROBERT		3.2 NAME		
STREET ADDRESS	12490 ULMERTON RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CALDWELL, JAIME		4. 2 NAME	Caldwell, Jaime	
STREET ADDRESS	7255 NW 19TH STREET, SUITE C		4.3 STREET ADDRESS	7255 NW 19th Street, Suite C	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	MELLON, MIKE		5.2 NAME	Mellon, Michael	
STREET ADDRESS	112 CARSWELL DR.		5.3 STREET ADDRESS	112 Carswell Avenue	
CITY-ST-ZIP	HOLLY HILL FL		5.4 CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Morrell, Marsha	
STREET ADDRESS			6.3 STREET ADDRESS	2103 Gilmore Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville, FL 32204	

CR2E037 (5/99)

14. I 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, with all other like empowered.

SIGNATURE: Michael J. Mellon SIGNATURE REQUIRED — 7/22/99 Date — 9042524900 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR