

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).

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

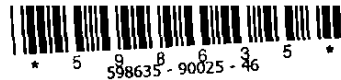
7255 NW 19TH STREET
SUITE C
MIAMI FL 33126
US

Mailing Address

7255 NW 19TH STREET
SUITE C
MIAMI FL 33126
US

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90025 046 ****61.25



2. Principal Place of Business

21 **112 Carswell Avenue**

Suite, Apt. #, etc.

22

City & State

23 **Holly Hill, FL**

Zip

Country

24 **32117**

25

US

2a. Mailing Address

26 **112 Carswell Avenue**

Suite, Apt. #, etc.

27

City & State

28 **Holly Hill, FL**

Zip

Country

29 **32117**

30

US

3. Date Incorporated or Qualified

12/14/1978

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

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
GARNER, ROBERT
STREET ADDRESS **7255 NW 19TH STREET, SUITE C**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **D**
YATES, LESLIE
STREET ADDRESS **4728 OLD WINTER GARDEN RD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **SD**
SILER, ROBERT
STREET ADDRESS **12490 ULMERTON RD.**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **PD**
CALDWELL, JAIME
STREET ADDRESS **7255 NW 19TH STREET, SUITE C**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE

NAME **VD**
MELLON, MIKE
STREET ADDRESS **112 CARSWELL DR.**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Caldwell, Jaime
7255 NW 19th Street, Suite C
Miami, FL 33126

PD
Mellon, Michael
112 Carswell Avenue
Holly Hill, FL 32117

D
Morrell, Marsha
2103 Gilmore Street
Jacksonville, FL 32204

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)