2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90045 026 ****61.25

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DOCUMENT # 745264

1. Entity Name
FLORIDA AMBULANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2761 WEST OLO HIGH 441 MOUNT DORA, FL 32757 US	2761 WEST OLO HIGH 441 MOUNT DORA, FL 32757 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2761 West Old Hwy 441	2761 West Old Hwy 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mount Dora, FL 32757	City & State: Mount Dora, FL 32757
Zip: 32757 Country: USA	Zip: 32757 Country: USA

4. FEI Number: 65-0101850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUDGE, JIM 2761 WEST OLD HIGH 441 MOUNT DORA, FL 32757	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARNER, ROBERT 7255 NW 19TH STREET, SUITE C MIAMI, FL 33126	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Walt Eismann 3747 Silverstar Rd. Orlando, FL 32808 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JUDGE, JIM 2761 WEST OLD HIGH 441 MOUNT DORA, FL 32757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRELL, MARSHA 2103 GILMORE STREET JACKSONVILLE, FL 32204	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary David Dyal 15566 74th Ave. North Palm Beach Gardens, FL 33418 — ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDWELL, JAIME 7255 NW 19TH STREET, SUITE C MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELLON, MICHAEL 112 CARSWELL DR. HOLLY HILL, FL 32117	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL, GRANT P.O. BOX 494317 PORT CHARLOTTE, FL 33949	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #