2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-20-2003 90132 013 ****61.25

DOCUMENT # 745264

1. Entity Name
FLORIDA AMBULANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~112 CARSWELL AVENUE~~ ~~HOLLY HILL FL 32117~~ ~~US~~	~~112 CARSWELL AVENUE~~ ~~HOLLY HILL FL 32117~~ ~~US~~

CHECK HERE IF MAKING CHANGES

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

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
~~MELLON, MICHAEL J~~ ~~112 CARSWELL AVENUE~~ ~~HOLLY HILL FL 32117~~ Jim Judge Pres. 2761 West Old Hwy. 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 Jim Judge
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YATES, LESLIE 1208 BONNAVENTURE DR. MELBOURNE FL 32940	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Jim Judge 2761 West Old Highway 441 Mount Dora, Fl. 32757	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRELL, MARSHA 2103 GILMORE STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELLON, MICHAEL 112 CARSWELL DR. HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL, GRANT PO BOX 2444 PORT CHARLOTTE FL 33949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Michael J. Grant 3-17-03 941-743-2022