## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003309

Entity Name: AMBULANCE REIMBURSEMENT SYSTEMS INCORPORATED

FILED Jan 03, 2007 Secretary of State

	Current Princip	al Place of Business:	<b>New Princi</b>	pal Place of Busin	ness
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2610 WALBEA AVE 2ND FLOOR 5925 W TILGHMAN STREET ALLENTOWN, PA 18104 S 1000

ALLENTOWN, PA 18104

Current Mailing Address: New Mailing Address:

2610 WALBEA AVE 2ND FLOOR 5925 W TILGHMAN STREET ALLENTOWN, PA 18104 S 1000 ALLENTOWN, PA 18104

FEI Number: 23-2732990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INCORP SERVICES INC 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: MR (X) Change ( ) Addition

 Name:
 ALBERTSON, DAVID P
 Name:
 ALBERTSON, DAVID P

 Address:
 8074 OVERVIEW CT
 Address:
 8074 OVERVIEW CT

 City-St-Zip:
 NEW TRIPOLI, PA 18066
 City-St-Zip:
 NEW TRIPOLI, PA 18066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P ALBERTSON PRES 01/03/2007