

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004145

FILED
Jan 15, 2009
Secretary of State

Entity Name: AIR COMPASSION FLORIDA, INC.

Current Principal Place of Business:

4620 HAYGOOD RD., STE 1
VIRGINIA BEACH, VA 23455

New Principal Place of Business:

Current Mailing Address:

4620 HAYGOOD RD., STE 1
VIRGINIA BEACH, VA 23455

New Mailing Address:

FEI Number: 26-2719936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALUGAR, RONNIE JR
751 SCRUB JAY DRIVE
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SMITH, JAMES
Address: 5709 KEENE MILL RUN CT
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: S () Delete
Name: BOYER, CAROL
Address: 1280 LASKIN RD. #401
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: T () Delete
Name: PATTERSON, STEVE
Address: 8304 NORTH VIEW BLVD
City-St-Zip: NORFOLK, VA 23578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CALUGAR, RON
Address: 13207 LOWERY BLUFF WAY #304
City-St-Zip: MIDLOTHIAN, VA 23112

Title: VC (X) Change () Addition
Name: LAY, DAVID
Address: 21630 FAIRVIEW CIRCLE
City-St-Zip: SAN ANTONIO, TX 78266

Title: ST (X) Change () Addition
Name: CALUGAR, JR., RONNIE
Address: 751 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANIE CORKRUM

AS

01/15/2009

Electronic Signature of Signing Officer or Director

Date