

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20454

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CENTURY AMBULANCE SERVICE, INC.

## Current Principal Place of Business:

2144 ROSSELLE ST  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

2144 ROSSELLE ST  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-2060042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SELLERS, HERBERT S III  
2144 ROSSELLE ST  
JACKSONVILLE, FL 32204      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: SELLERS, HERBERT S III  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV      ( ) Delete  
Name: MORRELL, MARSHA  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DST      ( ) Delete  
Name: SMITH, HOPE S  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV      ( ) Delete  
Name: SELLERS, TANA L  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV      ( ) Delete  
Name: ALLEN, ROBERT  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DV      ( ) Delete  
Name: BAILEY, RAYMOND E  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOPE S SMITH

DST

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date