

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20454

FILED  
Mar 26, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: DV  
Name: SELLERS, TODD A  
Address: 2144 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32204

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

I hereby 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 all other like empowered.

SIGNATURE: HOPE S SMITH

DST

03/26/2012

Electronic Signature of Signing Officer or Director

Date