FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005521 (0)

1. Corporation Name
MERCY MEDICAL AIRLIFT CORPORATION

Principal Place of Business	Mailing Address
7506 DIPLOMAT DR. SUITE 201 MANASSAS VA 22110 US	PO BOX 1940 MANASSAS VA 22110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 52-1374161 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUNKER, MARK
12354 SAWGRASS COURT
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPT	11 TITLE	P	☒ Change ☐ Addition
NAME	BOYER, EDWARD R	12 NAME	Boyer, Edward R.	
STREET ADDRESS	9199 BROADLANDS LA.	13 STREET ADDRESS	9199 Broadlands Lane	
CITY ST ZIP	NOKESVILLE VA 22123	14 CITY ST ZIP	Nokesville, VA 22123	
TITLE	CV	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, CLICK	22 NAME		
STREET ADDRESS	6272 CHAUCER LA.	23 STREET ADDRESS		
CITY ST ZIP	ALEXANDRIA VA 22304	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	AARON, BENJAMIN MD	32 NAME		
STREET ADDRESS	4006 N. WOODSTOCK ST.	33 STREET ADDRESS		
CITY ST ZIP	ARLINGTON VA 22207	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LANDRY, TOM	42 NAME		
STREET ADDRESS	8411 PRESTON RD., STE. 720	43 STREET ADDRESS		
CITY ST ZIP	DALLAS TX 75225	44 CITY ST ZIP		
TITLE	S	51 TITLE	C	☐ Change XX Addition
NAME	GAGLIANO, CHARLES	52 NAME	Crane, Rod	
STREET ADDRESS	3404 FLINT HILL PL.	53 STREET ADDRESS	5464-C Briardale Lane	
CITY ST ZIP	LAKE RIDGE VA 22192	54 CITY ST ZIP	Dublin, OH 43017	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: E Boyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075977