FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # F9300005521 (0)

MERCY MEDICAL AIRLIFT CORPORATION

#ILITO I	WIEDIOAE AINEIL 1 CONTO	1 W 1 1 1 V 1 4			
Principal Place	of Business	Mailing Address		4 1361136 4116 18189 1818 1818 1818 1818 1818 1818	O OLAN ORANI O OLAN OLAN OLINO 1100) 1501 (00)
7506 DIPLOM/ SUITE 201		PO BOX 1940 Manassas va 22110			
MANASSAS VA 22110 US				3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 52-1374161	Applied For
Suite, Apt. #	ii ata	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22 Suite, Apr. #	*, Bto.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Comba	710	Country	Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip 29	30	This corporation has liability for it Florida Statutes	Trangible tax under s. 199.032, ☐ Yes ☐ No
<u>:4 </u>	9. Name and Address of Curren		100	10. Name and Address of New R	egistered Agent
			81 Name		
DUNKER	- ·		B2 Street	Address (P.O. Box Number is Not Acceptab	le)
	AWGRASS COURT		83		
WEST P	ALM BEACH FL 33414		63		
			84 City		FL 85 Zip Code
familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statute	S. OTE: Registered Agent signature		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TIFLE	P	□]DELETE	1.1 TIBLE	C Pierpont	Change 🔀 Addition
NAME	BOYER, EDWARD R		1.2 NAME	BUCK, Pierpont 9357 Covenant Hill	Lane
STREET ADDRESS	9199 Broadlands La. Nokesville va		1.3 STREET ADDRESS	marshall, VA 221	15
CITY-ST-ZIP TITLE	CV	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		☐ Change 🔀 Addition
NAME	SMITH, CLICK	<u> </u>	2.2 NAME	Groux, Rick 5848 Bentyne Load	•
STREET ADDRESS	6272 CHAUCER LA.		2.3 STREET ADDRESS	5848 Buntyne Load	. 4
CHTY - ST - ZIP	ALEXANDRIA VA 22304		2 4 CITY-ST-ZIP	Broad Run, VA 22	014
TITLE	D	[]DELETE	3.1 TITLE	Beaver Harry	☐ Change 🔀 Addition
NAME	AARON, BENJAMIN MD		3 2 NAME	1 0' - 11/:///0	m Drive
STREET ADDRESS	4006 N. WOODSTOCK ST. ARLINGTON VA 22207		3 3 STREET ADDRESS 3 4. CITY-ST-ZIP	Fairfox, VA 220	3 /
CITY-ST-ZIP TITLE	D	DELETE	4 1 TITLE	n ,	Change 54 Addition
NAME	LANDRY, TOM	F -2	4 2 NAME	Sabatini Lou 15113 Timberlake D	,
STREET ADDRESS	8411 PRESTON RD., STE. 72	20	4.3 STREET AODRESS	15113 Timberlake D	rive
CiTY-ST-ZiP	DALLAS TX 75225		4.4 CITY - ST-ZIP	Silver Spring, M	D 20905
TITLE	C	∑ DELETE	5 1 TITLE	''	Change Addition
NAME	CRANE, ROD		5 2 NAME		
STREET ADDRESS	5464-C BRIARDALE LANE		5.3 STREET ADDRESS	·	
CITY - ST - ZIP	DUBLIN OH	DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
TITLE NAME		Concert	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
nity-ST-7iP			6 4 CITY - ST - ZIP		
14. I do heret certify that	- i i - i - i - i - i - i - i - i - i -	nual report or supplemental ar varation or the receiver or trus	nnual report is true and a tee empowered to exec	ualify for the exemption stated in Section 119 accurate and that my signature shall have the ute this report as required by Chapter 617, F	e same legal errect as it mage unger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Bayer 1/18/96 703-361-1191

Dayting Phone #