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95 MAY -1 PM 3: 53

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Gandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F94000003730 (8)

1. Corporation Name
CRITICAL AIR MEDICINE, INC.

Principal Place of Business 4141 KEARNY VILLA ROAD SAN DIEGO CA 92123	Mailing Address 4141 KEARNY VILLA ROAD SAN DIEGO CA 92123
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3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report
4. FEI Number 33-0055832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	METZ, HARRY
STREET ADDRESS	15342 CRESTVIEW COURT POWAY CA 92064
CITY - ST - ZIP	
TITLE	CS
NAME	KEEVER, RONALD
STREET ADDRESS	13048 DECANT DR. POWAY CA 92064
CITY - ST - ZIP	
TITLE	D
NAME	METZ, CHRISTINA
STREET ADDRESS	15342 CRESTVIEW COURT POWAY CA 92064
CITY - ST - ZIP	
TITLE	D
NAME	HALEY, ROGER M.D.
STREET ADDRESS	515 S. LOCUST VISALIA CA 93277
CITY - ST - ZIP	
TITLE	V
NAME	FELDMAN, GARY
STREET ADDRESS	10234 WALNUTDALE ST. SAN DIEGO CA 92131
CITY - ST - ZIP	
TITLE	D
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	David Hill, M.D.
13 STREET ADDRESS	560 Crest Drive
14 CITY - ST - ZIP	Encinitas, CA 92024
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(4), 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, trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/20/95** (619) 571-0482