

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000663

FILED
Feb 20, 2012
Secretary of State

Entity Name: PHI AIR MEDICAL INC

Current Principal Place of Business:

2001 SE EVANGELINE THWY
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

PO BOX 90808
LAFATETTE, LA 70509

New Mailing Address:

FEI Number: 72-0395707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: GONSOULIN, AL A
Address: 4655 SWEETWATER BLVD, SUITE 3
City-St-Zip: SUGARLAND, TX 77479

Title: SCFO
Name: MCCANN, MICHAEL J
Address: 2001 SE EVANGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOCM
Name: STEPANEK, DAVID A
Address: 2001 SE EVANGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOHR
Name: ROVINELLI, RICHARD A
Address: 2001 SE EVANGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: GMGR
Name: ATTAWAY, PATRICK R
Address: 2001 SE EVANGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

Title: DOM
Name: GONZALEZ JR, MANUEL A
Address: 2001 SE EVANGELINE THRUWAY
City-St-Zip: LAFAYETTE, LA 70508

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: MICHAEL J MCCANN

SCFO

02/20/2012

Electronic Signature of Signing Officer or Director

Date