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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H31627** (3)
1. Corporation Name
LIFELINE AIR AMBULANCE INC.



Principal Place of Business: 1009 POOL CT, ORLANDO FL 32828, US
Mailing Address: P.O. BOX 677566, ORLANDO FL 32867-7566, US

3. Date Incorporated or Qualified: 11/19/1984
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2467515
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1009 Pool Ct., 22 Orlando, FL, 24 32828, 25 Orange
2a. Mailing Address: 26 P.O. B. 677566, 27 Orlando, FL, 29 32867, 30 Orange

9. Name and Address of Current Registered Agent: JOHNSON, AMBER J, DEGRAW & ASSOCIATES, P.A., 1270 ORANGE AVE. STE A, ORLANDO FL 32789

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 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: *Rosemary Barlow* DATE: *March 28-1997*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARLOW, ROSEMARY	
STREET ADDRESS	1009 POOL COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARLOW, KRISTIN	
STREET ADDRESS	1009 POOL COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARLOW, KELLY	
STREET ADDRESS	1009 POOL COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Rosemary Barlow* DATE: *03/28/97* DAYTIME PHONE #: *407-657-7870*

CR2E034 (9/96)