

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90293 003 \*\*\*150.00

**DOCUMENT # H31627**

1. Entity 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  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2467515**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, AMBER J  
 DEGRAW & ASSOCIATES, P.A.  
 1270 ORANGE AVE. STE A  
 ORLANDO FL 32789**

7. Name and Address of New Registered Agent

Name Rosemary Barlow  
 Street Address (P.O. Box Number is Not Acceptable)  
1009 Pool Ct  
 City Orlando FL Zip Code 32828

8. 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 Rosemary Barlow  
Signature, typed or printed name of registered agent and title if applicable

DATE March 28-2001

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> BARLOW, ROSEMARY 1009 POOL COURT ORLANDO FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>V</b> BARLOW, KRISTIN 1009 POOL COURT ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>V P Kelly Barlow</u> <u>1009 Pool Ct</u> <u>Orlando, Fl. 32828</u>
<input type="checkbox"/> Delete	<b>S</b> BARLOW, KELLY 1009 POOL COURT ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>S Kristin Barlow</u> <u>1009 Pool Ct</u> <u>Orlando, Fl. 32828</u>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Barlow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE March 28-2001 - 407-381-5572  
Date Daytime Phone #

C 3779

CR2E034 (10/00)