

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90011 033 ***150.00

0592293 AT

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2467515	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARLOW, ROSEMARY
1009 POOL CT
ORLANDO FL 32828

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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* DATE *Apr 9 - 2002*
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V-T	<input type="checkbox"/> Addition
NAME	Kelly Barlow	
STREET ADDRESS	1009 Pool Ct	
CITY-ST-ZIP	Orlando, Fl. 32828	
TITLE	S-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemary Barlow	
STREET ADDRESS	1009 Pool Ct.	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	V-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Barlow	
STREET ADDRESS	937 Crows West Circle #105	
CITY-ST-ZIP	Orlando FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* DATE: *Apr 9 - 2002*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)