

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31627

FILED
Apr 23, 2008
Secretary of State

Entity Name: LIFELINE AIR AMBULANCE INC.

Current Principal Place of Business:

1009 POOL CT
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677566
ORLANDO, FL 32867 US

New Mailing Address:

FEI Number: 59-2467515 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARLOW, ROSEMARY
1009 POOL CT
ORLANDO, FL 32828 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BARLOW, ROSEMARY,
Address: 1009 POOL COURT
City-St-Zip: ORLANDO, FL 32828

Title: VPT () Delete
Name: BARLOW, KELLY
Address: 8239 CLAIRE ANN DRIVE APT 101
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSEMARY BARLOW

PS

04/23/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date