

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31627

FILED  
Apr 24, 2012  
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:**

1009 POOL CT  
ORLANDO, FL 32828 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

**OFFICERS AND DIRECTORS:**

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

Title: VPT  
Name: BARLOW, KELLY  
Address: 8112 CLAIRE ANN DRIVE APT 201  
City-St-Zip: ORLANDO, FL 32825

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: ROSEMARY BARLOW

PS

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date