

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36120

FILED
Apr 18, 2012
Secretary of State

Entity Name: AMERICAN MEDICAL EMERGENCY SERVICES, INC.

Current Principal Place of Business:

2140 LEMON AVENUE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

2140 LEMON AVENUE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 23-2626305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILES, KENDAL B M.D.
2140 LEMON AVENUE
ENGLEWOOD, FL 34223 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: PT
Name: STILES, KENDAL B M.D.
Address: 2140 LEMON AVENUE
City-St-Zip: ENGLEWOOD, FL 34223

Title: VS
Name: STILES, PHYLLIS
Address: 2140 LEMON AVENUE
City-St-Zip: ENGLWOOD, FL 34223

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: KENDAL B. STILES, M.D.

_____ Electronic Signature of Signing Officer or Director

PT

04/18/2012

_____ Date