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FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K01134 (1)

1. Corporation Name

AIR-SEA EMERGENCY MEDICAL ASSOCIATES, INC.

Principal Place of Business

% BARRY WEISS
3000 NE 30TH PLACE, S-211
FT LAUDERDALE FL 33306

Mailing Address

% BARRY WEISS
3000 NE 30TH PLACE, S-211
FT LAUDERDALE FL 33306-1857

3. Date Incorporated or Qualified
10/29/1987

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0013753

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 3410 GALT OCEAN DR

Suite, Apt. #, etc.

22 SUITE 1107N

City & State

23 FT. LAUDERDALE, FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 3410 GALT OCEAN DR

Suite, Apt. #, etc.

27 SUITE 1107N

City & State

28 FT. LAUDERDALE, FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

WEISS, BARRY
3000 NE 30TH PLACE
SUITE 211
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

WEISS, BARRY

82 Street Address (P.O. Box Number is Not Acceptable)

3410 GALT OCEAN DR

83

SUITE 1107N

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent (if not applicable)

BARRY D. WEISS

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME WEISS, BARRY
STREET ADDRESS 3000 NE 30TH PLACE #211
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3410 GALT OCEAN DRIVE-1107N
FT. LAUDERDALE, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signed officer or director
BARRY D. WEISS

Date

Daytime Phone #

4/7/97 954/566-5872

CR2E034 (9/96)