

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L31643

1. Entity Name
AIR AMBULANCE PROFESSIONALS, INC.



Principal Place of Business

**1535 S PERIMETER RD
HANGER 36-B
FT. LAUDERDALE, FL 33309 US**

Mailing Address

**1535 S PERIMETER RD
HANGER 36-B
FT. LAUDERDALE, FL 33309 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0157972

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISZ, BRIAN L
1535 S PERIMETER RD
HANGER 36-B
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000581631

01/10/07-80095-014 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WEISZ, BRIAN L.
STREET ADDRESS	1341 NE 47 COURT
CITY / ST / ZIP	FT LAUD, FL
TITLE	VP
NAME	WEISZ, DEBRA
STREET ADDRESS	1341 NE 47TH COURT
CITY / ST / ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY / ST / ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY / ST / ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY / ST / ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian L. Weisz
Brian L. Weisz President

1/4/07
Date

954 491 0555
Daytime Phone #