

L48341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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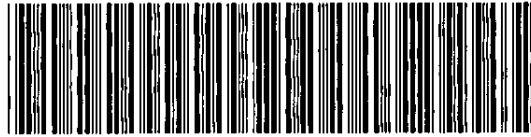
(Business Entity Name)

(Document Number)

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*RMCM 3/5/04*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 547543 7360359

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 26, 2013

ORDER TIME : 1:22 PM

ORDER NO. : 547543-001

CUSTOMER NO: 7360359

CHANGE OF AGENT

NAME: LIFEGUARD AIR AMBULANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LIFEGUARD AIR AMBULANCE, INC.  
\_\_\_\_\_  
2. The principal office address: 4211 Jerry Maygarnen Rd, Pensacola FL 32504 US  
\_\_\_\_\_

3. The mailing address (if different): PO Box 487, Gulf Breeze FL 32562  
\_\_\_\_\_

4. Date of incorporation/qualification: 02/01/1990 Document number: L48341  
\_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Roche, Deborah  
\_\_\_\_\_

510 James River Road  
\_\_\_\_\_

Gulf Breeze FL 32561  
\_\_\_\_\_

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Corporation Service Company  
\_\_\_\_\_

1201 Hays Street  
\_\_\_\_\_

P.O. Box NOT acceptable

Tallahassee, FL 32301  
\_\_\_\_\_

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Deb Reeves  
\_\_\_\_\_  
Signature of an officer or director

Deb Reeves, VP  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
\_\_\_\_\_  
By: Sarah Wright  
\_\_\_\_\_  
Signature of Registered Agent

2/26/2013  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Sarah Wright, Asst. VP  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)