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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52535** **(6)**

1. Corporation Name
MEDICAL AIR SERVICES, INC.

1995 MAY

Principal Place of Business
2828 CROASDAILE DRIVE
DURHAM NC 27705
US

Mailing Address
ATTN: TAX DEPT
P.O. BOX 15309
DURHAM NC 27704
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/23/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: **56-1693290** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

(24) (25) (29) (30)

8. Does corporation not-for-profit, as defined by Florida Statutes, ☐ Yes **X** No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the street address of the registered office and the name and address of the current registered agent and the street address of the registered office as changed, are as set forth below.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
(20) TYPE	PD	(40) TYPE: P — X Change ☐ Addition
NAME	CLARKE, DAVID B.	NAME: Locklear, Nancy F.
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS: 2828 Croasdaile Dr.
CITY, ST, ZIP	DURHAM NC	CITY, ST, ZIP: Durham, NC 27705
(20) TYPE	ST	(40) TYPE: S/T/D — X Change ☐ Addition
NAME	PULLIAM, SHERRY	NAME: Fater, David H.
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS:
CITY, ST, ZIP	DURHAM NC	CITY, ST, ZIP:
(20) TYPE		(40) TYPE: VP — ☐ Change X Addition
NAME		NAME: Sutton, Riley
STREET ADDRESS		STREET ADDRESS: 2828 Croasdaile Dr.
CITY, ST, ZIP		CITY, ST, ZIP: Durham, NC 27705
(20) TYPE		(40) TYPE: AS — ☐ Change X Addition
NAME		NAME: Piemont, Joseph G.
STREET ADDRESS		STREET ADDRESS: 2828 Croasdaile Dr.
CITY, ST, ZIP		CITY, ST, ZIP: Durham, NC 27705
(20) TYPE		(40) TYPE: AS — ☐ Change X Addition
NAME		NAME: Snedeker, Angela M.
STREET ADDRESS		STREET ADDRESS: 2828 Croasdaile Dr.
CITY, ST, ZIP		CITY, ST, ZIP: Durham, NC 27705
(20) TYPE		(40) TYPE: D — ☐ Change X Addition
NAME		NAME: Dickerson, W. Randall
STREET ADDRESS		STREET ADDRESS: 2828 Croasdaile Dr.
CITY, ST, ZIP		CITY, ST, ZIP: Durham, NC 27705

14. To the best of my knowledge, the information supplied with this report is complete and accurate. 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 a director or officer 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 above or on an attachment with an address.

SIGNATURE: Angela M Snedeker Angela M. Snedeker 4/28/95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0008010 CP

L52535

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPO

MEDICAL AIR SERVICES, INC.
DOCUMENT # L52535
FEIN: 56-1693290

ADDITIONAL OFFICERS

TITLE	Director
NAME	Michael P. Bernard
STREET ADDRESS	2828 Croasdaile Dr.
CITY-ST-ZIP	Durham, NC 27705