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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

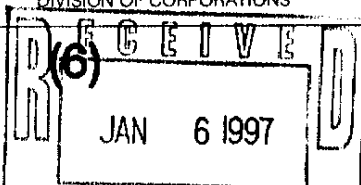


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L52535

1. Corporation Name

MEDICAL AIR SERVICES, INC.



Principal Place of Business

2828 CROASDALE DRIVE
DURHAM NC 27705
US

Mailing Address

ATTN: TAX DEPT
P.O. BOX 15309
DURHAM NC 27704-0309
US

CHG
CORPORATE TAX DEPARTMENT

3. Date Incorporated or Qualified
02/23/1990

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

56-1693290

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

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LOCKLEAR, NANCY F.	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	D	DELETE
NAME	ANDREWS, R. DAVID	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC	
TITLE	VP	DELETE
NAME	SUTTON, RILEY	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	DELETE
NAME	PIEMONT, JOSEPH G.	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	DELETE
NAME	SNEDEKER, ANGELA M.	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-ST-ZIP	DURHAM NC	
TITLE	STD	DELETE
NAME	DICKERSON, W. RANDALL	
STREET ADDRESS	2828 CROASDALE DR.	
CITY-ST-ZIP	DURHAM NC	

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		
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 SIGNING OFFICER OR DIRECTOR

ANGELA M. SNEDEKER 4-25-97 (919) 383-0355

Date

Daytime Phone #

CR2E034 (9/96)