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FILED
Jan 28 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 # **L89146** (9)

1. Corporation Name
THE AIR AMBULANCE COMPANY, INC.



Principal Place of Business
**838 NEAPOLITAN WAY
SUITE 301
NAPLES FL 33940**

Mailing Address
**P.O. BOX 413005
#301
NAPLES FL 34101-3005**

3. Date incorporated or Qualified **07/20/1990** 3a. Date of Last Report **03/14/1996**

4. FEI Number **65-0210725** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 30 Country

24 25 29 30

9. Name and Address of Current Registered Agent

**LATONA, RANDALL J
838 NEAPOLITAN WAY
SUITE 301
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

PVTD LATONA, RANDALL J 838 NEAPOLITAN WAY #301 NAPLES FL 33940

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

S LATONA, LISA A 838 NEAPOLITAN WAY #301 NAPLES FL 33940

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS 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

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]* 1-18-97 941-594-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)