## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L89146**

1. Corporation Name

THE AIR AMBULANCE COMPANY, INC.

| Principal Place of Business |  |                            | Mailing Address           |                    |        |                  |  |              |                       |  |
|-----------------------------|--|----------------------------|---------------------------|--------------------|--------|------------------|--|--------------|-----------------------|--|
| 838 NEAPOLITAN WAY          |  |                            | P.O. BOX 413005           |                    |        |                  | :  | •            |                       |  |
| SUITE 301                   |  |                            | #301                      |                    |        |                  | •  |              |                       |  |
| NAPLES FL 34103             |  |                            | NAPLES FL 34103           |                    |        |                  | DO NOT WRITE IN THIS SPACE   |              |                       |  |
| US US                       |  |                            |                           |                    |        |                  | 3. Date Incorporated or Qualifed   |              |                       |  |
|                             |  |                            |                           |                    |        |                  | 07/20/1990   | ,            |                       |  |
| 2. Principal P              | lace of Business   | 2a.                        | Mailing Address           |                    |        |                  | 4. FEI Number  | · A          | oplied For            |  |
| 21                          |  | 26                         |                           |                    |        |                  | 65-0210725   | N.           | ot Applicable         |  |
| Suite, Apt.                 | # etc.   | 1-01                       | Suite, Apt. #, etc.       |                    |        |                  |  | \$8.75       | Additional            |  |
| 22                          |  |                            | 27                        |                    |        |                  | 5. Certificate of Status Desired Fee Required  |              |                       |  |
| City & Stat                 | le ·   |                            | City & State              |                    |        |                  | 6. Election Campaign Financing   | \$5.00       | May Be                |  |
| 23                          |  | 28                         | ·, · · · · ·              |                    |        |                  | Trust Fund Contribution  |              | to Fees               |  |
| Zip                         | Country  | 20                         | Zip                       | Cour               | ntrv   |                  | This corporation owes the current year Interest.   | /            | 10 1 000              |  |
| <b>—</b>                    |  | 29                         | · –                       | 0                  | ,,     |                  | Personal Property Tax.   | Yes          | □No                   |  |
| 24                          | 25   |                            |                           | 01                 |        |                  | 10. Name and Address of New Registered   |              |                       |  |
| <del></del>                 | 9. Name and Address of Current   | Regis                      | tered Agent               | <del></del> [      | 81     | Name             | To. Maille alla Address of New Registered  | - Ageist     |                       |  |
| LAT                         | ONA, RANDALL J   |                            | *                         | ì                  | ١.,    | Hame             |  |              |                       |  |
| 838 NEAPOLITAN WAY          |  |                            |                           |                    | 82     | Street Add       | dress (P.O. Box Number is Not Acceptable)  |              |                       |  |
| OOU NEAF OEI AN WAT         |  |                            |                           |                    |        |                  | The many of the control of the many bears  | 24. 81       | r. n. <u>mkn</u> .og. |  |
| SUITE 301                   |  |                            |                           |                    |        |                  |  |              |                       |  |
| NAP                         | LES FL 34103   |                            |                           | }                  | 84     | City             | - 144 CH 15 M 1 2 M 1 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2  | 85 Zip       | Code                  |  |
|                             |  |                            |                           |                    | 04     | City             | FL.  | 93   Z   P   | . Ode                 |  |
| 11. Pursuant                | to the provisions of Sections 607.0502   | and 6                      | 07.1508, Florida Statutes | the at             | oove   | -named cor       | rporation submits this statement for the purpose of  | changing its | registered            |  |
| office or r                 | registered agent, or both, in the State of<br>im familiar with, and accept the obligati  | f Florid                   | ta. Such change was aut   | horized            | bv t   | he corporat      | tion's board of directors. I hereby accept the appoi   | ntment as re | egistered             |  |
| D 1                         | in familial with, and accept the obligati  | OHS OH                     | . 360001 007.0303, 1 1010 |                    | nes.   |                  |  |              | `                     |  |
| SIGNATURE                   | Signature, typed or printed name of registered agent   | and title                  | if applicable (NOTE: R    | anistarad .        | Agent  | eignature regul  | red when reinstating) / DATE   |              | <del></del> .         |  |
| 12.                         | OFFICERS AND   |                            |                           | 13.                | - gunt | argribial a roda | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTO    | DRS IN 12             |  |
| TITLE                       | PVTD   | <i>- - - - - - - - - -</i> | DELETE                    | 1,1 TIT            | 1F     |                  | 10.6-10720   | ☐ Change     | Addition              |  |
|                             | LATONA, RANDALL J  |                            |                           | 1.2 NA             |        |                  | 4. 111 1 H F 1   |              | _  ·                  |  |
| NAME                        | AND AND ADDRESS AN |                            |                           | 1.3 STREET ADDRESS |        |                  | • '  |              |                       |  |
| STREET ADDRESS              |  |                            |                           |                    |        |                  | •  |              |                       |  |
| CITY-ST-ZIP                 | NAPLES FL 34103  |                            |                           | 1.4 C/I            | ~~~    | ZIP              |  |              |                       |  |
| TITLE                       | S  |                            | ☐ DELETE                  | 2.1 TIT            | LE     |                  |  | ☐ Change     | ☐ Addition            |  |
| NAME                        | Latona, lisa a   |                            |                           | 2.2 NA             | ME     |                  |  |              |                       |  |
| STREET ADDRESS              | 838 NEAPOLITAN WAY #301  |                            | *                         | 2.3 ST             | REET   | ADDRESS          |  |              |                       |  |
| CITY-ST-ZIP                 | NAPLES FL 34103  |                            |                           | 2.4 CF             | TY-ST  | -ZIP             | · · ·  |              | • •                   |  |
| TITLE _                     |  |                            | ☐ DELETE                  | 3.1 TIT            | LE     |                  |  | Change       | ☐ Addition            |  |
| NAME:                       |  | 32.4                       | •                         | 3.2 NA             | ME     |                  | •  |              |                       |  |
| 658                         | 医结合性 经基本公司   | •                          |                           |                    |        | ADDRESS          | والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج | N            |                       |  |
| STREET ADDRESS              | [5 30 f  |                            |                           |                    |        |                  |  | 瑪密號          | 沙黎 慧士                 |  |
| CITY-ST-ZIP                 | The state of the s |                            | ☐ DELETE                  | 3.4. CI            |        | -ZIP             | - 1995年 1997年 - 1997年 1997年 - 1997年 1997年 -    | Change       | Addition              |  |
| TITLE                       |  |                            | ☐ DEFEIE                  | 4.1 TIT            | ᄕ      | - 1              | * * * * * * * * * * * * * * * * * * *  | change,      | . 🗀 🗝 🗀               |  |

14. I 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 suppliemental 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 of 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 of an attachment with an address, with all other like empowered.

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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NAME ....

CITY-ST-ZIP

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☐ DELETE

DELETE

☐ Change

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90017 027 \*\*\*158.75

☐ Addition

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