

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90011 021 ***550.00

DOCUMENT # **M02755**

1. Entity Name
AIR AMBULANCE CENTRAL, INC.

Principal Place of Business 5804 SUNSET DRIVE MIAMI FL 33143	Mailing Address PO BOX 432100 MIAMI FL 33243 US
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00079070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address PO Box 402189
Suite, Apt. #, etc.	Suite, Apt. #, etc. Miami Beach, FL
City & State	City & State
Zip	Country
33140	USA

4. FEI Number 59-2515802	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BERCU LAWRENCE R
 5804 SUNSET DRIVE
 MIAMI FL 33143**

7. Name and Address of New Registered Agent
 Name **Lawrence R. Bercu**
 Street Address (P.O. Box Number is Not Acceptable)
5750 Collins Ave, #15B
 City **Miami** FL Zip Code **33140**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* **PAS** DATE **8/9/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS BERCU, LAWRENCE R. 5804 SUNSET DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERCU, LAWRENCE R. 5804 SUNSET DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERCU, LAWRENCE R. 5804 SUNSET DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERCU, LAWRENCE R. 5804 SUNSET DR. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS Bercu, Lawrence R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5750 Collins Ave, 15B Miami, FL. 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bercu, Lawrence R. 5750 Collins Ave, 15B Miami, FL. 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bercu, Lawrence R. 5750 Collins Ave. 15B Miami, FL. 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bercu, Lawrence R. 5750 Collins Ave., 15B Miami, FL. 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **BERCU** DATE **8/9/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)