

MO 2755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

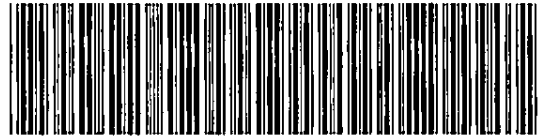
(Business Entity Name)

(Document Number)

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FILED  
2020 APR 10 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

APR 23 2020  
C Kinsey

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIR AMBULANCE CENTRAL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** M02755

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWRENCE R BERCU

Name of Contact Person

AIR AMBULANCE CENTRAL INC.

Firm/Company

7623 SOUTHAMPTON TERR., SUITE 405B

Address

TAMARAC, FL 33321

City/State and Zip Code

AIRMEDUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE R BERCU

Name of Contact Person

at (305) 582-327

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: AIR AMBULANCE CENTRAL, INC
- 2. The principal office address: 7623 SOUTHAMPTON TERR., SUITE 405B  
TAMARAC, FL 33321
- 3. The mailing address (if different): SAME AS ABOVE
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: M02755

5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

LAWRENCE R BERCU  
6538 COLLINS AVE. #298  
MIAMI BEACH, FL 33341

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TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAWRENCE R BERCU  
7623 SOUTHAMPTON TERR., SUITE 405B  
TAMARAC, FL 33321  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

x LR Bercu  
Signature of an officer or director

LAWRENCE R BERCU, PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

x LR Bercu  
Signature of Registered Agent

04/05/2020  
Date

If signing on behalf of an entity:

AIR AMBULANCE CENTRAL, INC.  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)