2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

					-	secreta	LL y U	$\mathbf{I} \mathcal{D} \mathcal{U}$	acc
DOCUMENT # N0300005079 i. Entity Name AIR MEDIC ONE, INC.						03-15-2004			
Principal Place 333 N BYRON PERRY, FL 32	BUTLER PKWY	Mailing Address 333 N BYRON BUTLER PERRY, FL 32347	Byron Butler Pkwy		 	ÖLDE HAN ÖĞÜL BIŞKI BON		4018	082
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037	(10/03)	
City & State	3	City & State			4. FEI Number	1117869	19	<u> </u>	plied For Applicable
Zip	Country	Zip	Country	,	T	f Status Desired	п \$	8.75 Addi ee Required	
	6. Name and Address of Current i	Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
MCKNIGH.	T, JAMES W		N	lame					
	ON BUTLER PKWY		s	treet Address	(P.O. Box Numbe	r is Not Acceptable	9)		
			-	City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code)
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registered o	office or registe	ered agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .					· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Ag	ent signature requir	red when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	mpaign Fina Contribution.		_\$5.00_May Be Added to Fees	Flor	lake check ida Departr	payable to nent of St	ate
10.	Due by May 1, 2004 OFFICERS AND DIF	Trust Fund			Added to Fees	Flor	ida Departr	nent of St	ate
10. TITLE NAME STREET ADDRESS	Due by May 1, 2004	Trust Fund	Contribution.		Added to Fees	Flor	ida Departr RS AND DIRI	nent of St	ate
TITLE NAME	OFFICERS AND DIF P MCKNIGHT, JAMES W	Trust Fund	11. TITLE NAME	DORESS	Added to Fees	Flor	ida Departr RS AND DIRI	nent of St ECTORS IN	ate 10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P OFFICERS AND DIF P MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347 ST DELOACH, REMER 333 N BYRON BUTLER PKWY	Trust Fund	11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	DORESS 77P ST DON	Added to Fees ADDITIONS/CHA N ROCK 3 N BYTA	NGES TO OFFICE	ida Departr	nent of St ECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347 ST DELOACH, REMER	Trust Fund	11. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	DORESS ZIP ST DORESS Z3 P.	Added to Fees ADDITIONS/CH/	NGES TO OFFICE	ida Departr	Tent of St ECTORS IN Change Change	10 Addition
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DIRECTION

SIGNATURE: _

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	ONE INC.	5079						
Principal Place of Business 333 N BYRON BUTLER PKWY PERRY, FL 32347 Mailing Address 333 N BYRON BUTLER PKWY PERRY, FL 32347					•)18082		
2. Principal Pla	ace of Business	3. Mailing Address						
"Suite,"Apt.	, etc.	- Suite, Apt. #, etc.	<u>.</u>	-01072004- Chg-NP CR2E037 (10/03)				
City & State		City & State		4. FEI Number	178699	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired F7 \$8	3.75 Additional B Required		
	6. Name and Address of Curren	rt Registered Agent		7. Name and Add	ress of New Registered Age			
MCKNIGHT	Γ, JAMES W		Name					
	ON BUTLER PKWY		Street Address	s (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
—			0.00			7.0-1		
			City		FL	Zip Code		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstaing)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make check p Florida Departm			
10,	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE			
TITLE NAME STREET ADORESS CITY-ST-ZIP	P MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change □ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELOACH, REMER 333 N BYRON BUTLER PKWY PERRY, FL 32347	\$2 Defete	NAME DO STREET ADDRESS 33 CITY-ST-ZIP		Butter Phwy	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CJ Delete	NAME STREET ADDRESS 3	layne Jones 33 N. Byron	Butter Pkwy.	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D	lora Woodfo 33-N. Byro	aulk n-Butler-Pkwg=	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ery, Pi	39347 ,	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition		
12. I hereby of indicated of the cor	pertify that the information supplied won this report or supplemental report poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that me powered to execute this report is	the exemption stated in ny signature shall have t as required by Chapter	he same legal effect as	if made under oath; that I an	n an officer or director		
SIGNAT	URE: SKINATURE AND TYPED	TAW	WES W. MC HOOR DIRECTOR	might	1/15/04 850	0-584-0885 ptre Phone #		