



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

54018082

<b>DOCUMENT # N03000005079</b>						03-15-2004 90006 019 ****61.25	
<b>1. Entity Name</b> AIR MEDIC ONE, INC.				<b>Principal Place of Business</b> 333 N BYRON BUTLER PKWY PERRY, FL 32347			
<b>Mailing Address</b> 333 N BYRON BUTLER PKWY PERRY, FL 32347				<b>54018082</b>			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> 571178699				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE		P		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		MCKNIGHT, JAMES W		NAME			
STREET ADDRESS		333 N BYRON BUTLER PKWY		STREET ADDRESS			
CITY-ST-ZIP		PERRY, FL 32347		CITY-ST-ZIP			
TITLE		ST		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DELOACH, REMER		NAME		ST Don Rock	
STREET ADDRESS		333 N BYRON BUTLER PKWY		STREET ADDRESS		333 N. Byron Butler Pkwy	
CITY-ST-ZIP		PERRY, FL 32347		CITY-ST-ZIP		Perry, FL 32347	
TITLE				TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		D Wayne Jones	
STREET ADDRESS				STREET ADDRESS		333 N. Byron Butler Pkwy.	
CITY-ST-ZIP				CITY-ST-ZIP		Perry, FL 32347	
TITLE				TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME		D Flora Woodfaulk	
STREET ADDRESS				STREET ADDRESS		333 N. Byron Butler Pkwy	
CITY-ST-ZIP				CITY-ST-ZIP		Perry, FL 32347	
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
<b>12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> <u>James W. McKnight</u> <b>JAMES W. MCKNIGHT</b>				<b>11/5/04</b> <b>850-584-0885</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005079	
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1. Entity Name  
AIR MEDIC ONE, INC.

Principal Place of Business  
333 N BYRON BUTLER PKWY  
PERRY, FL 32347

Mailing Address  
333 N BYRON BUTLER PKWY  
PERRY, FL 32347

54018082



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 571178699	Applied For Not Applicable
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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 MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P MCKNIGHT, JAMES W 333 N BYRON BUTLER PKWY PERRY, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
ST DELOACH, REMER 333 N BYRON BUTLER PKWY PERRY, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST Don Rock 333 N. Byron Butler Pkwy Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Wayne Jones 333 N. Byron Butler Pkwy. Perry, FL 32347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Flora Woodfaulk 333 N. Byron Butler Pkwy Perry, FL 32347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James W. McKnight 11/5/04 850-584-0885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #