

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008477

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** COMPASSIONATE MEDICAL AIRLIFT, INC.

**Current Principal Place of Business:**

405 SOUTH DALE MARBY HWY. #228  
TAMPA, FL 336092820

**New Principal Place of Business:**

**Current Mailing Address:**

405 SOUTH DALE MARBY HWY. #228  
TAMPA, FL 336092820

**New Mailing Address:**

**FEI Number:** 75-3165293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCABE, JOHN PETER  
3211 BAY CLUB CIRCLE  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCABE, JOHN P  
Address: 3211 BAY CLUB CIRCLE  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LOYND, MARIAN  
Address: 1022 S.W. DEL RIO BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete  
Name: MCCABE, JAMES J  
Address: 5414 STRATFORD ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PETER MCCABE

PRES

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date