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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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-05/04/95--01027--018
***3040.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N10779** **(9)**

1. Corporation Name

BETHESDA AMBULANCE SERVICE, INC.

Principal Place of Business	Mailing Address
C/O JOEL T. STRAWN 54 N.E. FOURTH AVE DELRAY BEACH FL 33483	C/O JOEL T. STRAWN 54 N.E. FOURTH AVE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/20/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2564012 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STRAWN, JOEL T.
54 N.E. FOURTH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	HILL, ROBERT B.	12 NAME		
STREET ADDRESS	2815 S.SEACREST BLVD.	13 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP		
TITLE	~~DVS~~	21 TITLE	TDV	☒ Change ☐ Addition
NAME	TAYLOR, ROBERT B.,JR.	22 NAME	TAYLOR, ROBERT B.	
STREET ADDRESS	2815 S.SEACREST BLVD.	23 STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PELTZIE, KENNETH	32 NAME		
STREET ADDRESS	2815 S. SEACREST BLVD.	33 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP		
TITLE	~~AS~~	41 TITLE	S	☒ Change ☐ Addition
NAME	STRAWN, JOEL T.	42 NAME	STRAWN, JOEL T.	
STREET ADDRESS	54 N.E. 4TH AVE	43 STREET ADDRESS	54 NE 4th Avenue	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Beach, FL 33438	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	KIRK, ROGER L.	
STREET ADDRESS		53 STREET ADDRESS	2815 S. Seacrest Blvd.	
CITY ST ZIP		54 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

$155

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel T. Strawn 4-28-95 407-278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013280