

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2564012**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be**

**Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
HILL, ROBERT B.  
STREET ADDRESS **2815 S. SEACREST BLVD.**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **TDV**  
TAYLOR, ROBERT B  
STREET ADDRESS **2815 S. SEACREST BLVD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ DELETE

NAME **D**  
PELTZIE, KENNETH  
STREET ADDRESS **2815 S. SEACREST BLVD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ DELETE

NAME **S**  
STRAWN, JOEL T  
STREET ADDRESS **54 N.E. 4TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33438**

TITLE ☐ DELETE

NAME **D**  
KIRK, ROGER L  
STREET ADDRESS **2815 S. SEACREST BLVD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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)(k), 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:

*Robert B. Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/96 (402) 737-7733**

Date

Daytime Phone #

CR2E037 (12/95)