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COR	NPROFIT PORATION		FLORIDA DEP Sendra	ARTMENT C		May 1			
	ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS		Secretary of State				
	MENT # N1 SDA AMBULANCE S	0779	(9)						
S/O JOEL T. STRAWN C/C 4 N.E. FOURTH AVE 54			Aailing Address /O JOEL T. STRAWN 4 N.E. FOURTH AVE ELRAY BEACH FL 33483			3. Date Incorporated or Qualified 08/20/1985			
UNNI DENOR	1 FC 33103		LNA DEAVN FL 334	00		4. FEI Number 59-2564012			plied For t Applicabl
Principal Pi	ace of Business	2a. 26	Mailing Address		<u> </u>	5. Certificate of Status Desi	ired	\$8.75 /	Additional
Sulte, Apt.	#, Otc.	27	Suite, Apt. #, etc.			6. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 Added to	vlay Be
City & State	9		City & State			7. Is this nonprofit corporat	ion a homeowne		
Zip	Country 25	28	Zip	Cour 30	ntry	8. This corporation owes or Personal Property Tax do	has paid the cu	irrent year Int	angible No
	9. Name and Address of	of Current Regis	tered Agent		81 Name	10. Name and Address of I	New Registered	Agent	
				ŀ	82 Street Add	dress (P.O. Box Number is Not A	ceptable)		
	Fourth ave								
54 N.E. I					83				
54 N.E. I Delray	Fourth ave Beach Fl 33483	617.0(02.004.0	17 1500 Elevide Da	-	63 64 City	· · · · · · · · · · · · · · · · · · ·	FL		Code
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