

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 18, 2007
Secretary of State

DOCUMENT# N15531

Entity Name: MERCY FLIGHT SOUTHEAST, INC.**Current Principal Place of Business:**8864 AIRPORT BLVD.
LEESBURG, FL 34788 US**New Principal Place of Business:****Current Mailing Address:**8864 AIRPORT BLVD.
LEESBURG, FL 34788 US**New Mailing Address:****FEI Number:** 59-2697223**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARAH, TED
8864 AIRPORT BLVD.
LEESBURG, FL 34788 US**Name and Address of New Registered Agent:**ALEXANDER, MARY ALICE
8864 AIRPORT BLVD.
LEESBURG, FL 34788 US

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: MARY ALICE ALEXANDER

12/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** BMT () Delete
Name: MATHIS, R. BLAKE
Address: 111 NORFOLK CIRCLE
City-St-Zip: MADISON, AL 35757 US**Title:** BMS () Delete
Name: RILEY, SANDY
Address: 22036 LAKE SENECA ROAD
City-St-Zip: EUSTIS, FL 32736 US**Title:** CHR () Delete
Name: BISHOP, LARRY
Address: 6527 ROSECOMMON DRIVE
City-St-Zip: NORCROSS, GA 30092 US**Title:** PCH () Delete
Name: POWERS, THOMAS
Address: 1858 NW 124TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071 US**Title:** V CH (X) Delete
Name: BURDETTE, ERNEST
Address: 1201 EAST SECOND STREET
City-St-Zip: PASS CHRISTIAN, MS 39571**Title:** PRES () Delete
Name: FARAH, TED
Address: 5767 PERSIMMON WAY
City-St-Zip: NAPLES, FL 34110**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:**Title:** VCHR (X) Change () Addition
Name: BURDETTE, ERNEST
Address: 1201 SECOND STREET
City-St-Zip: PASS CHRISTIAN, MS 39571 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PRES (X) Change () Addition
Name: ALEXANDER, MARY ALICE
Address: 525 N TREMAIN ST #2B
City-St-Zip: MT DORA, FL 32756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY ALICE ALEXANDER

PRES

12/18/2007

Electronic Signature of Signing Officer or Director

Date