

DOCUMENT # N93000002878

1. Entity Name
ANGEL FLIGHT OF SOUTH FLORIDA, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90022 005 ****61.25

Principal Place of Business Mailing Address
21521 WOODCHUCK CT. 21521 WOODCHUCK CT.
BOCA RATON FL 33428 BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0423940 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAYLOR, THELMA
21521 WOODCHUCK COURT
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP
PTD TAYLOR, THELMA
%21521 WOODCHUCK CT.
BOCA RATON FL 33428
VSD ARONOWITZ, JEANETTE
%21521 WOODCHUCK CT.
BOCA RATON FL 33428
D GRACE, FRANKLIN
%21521 WOODCHUCK CT.
BOCA RATON FL 33428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-5-01 561-483-7031

CR2E037 (10/00)