2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2004
Secretary of State

DOCUMENT# P03000147362

Entity Name: AIR-MEDICS FT LAUDERDALE INC

Current Principal Place of Business:

11213 W ATLANTIC BLVD.
#303
CORAL SPRINGS, FL 33071

New Principal Place of Business:

8807 NW 27TH ST
CORAL SPRINGS, FL 33065

Current Mailing Address:

11213 W ATLANTIC BLVD.
#303
CORAL SPRINGS, FL 33071

New Mailing Address:

8807 NW 27TH ST
CORAL SPRINGS, FL 33065

FEI Number: 90-0117455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAFFORD, TIM
11213 W ATLANTIC BLVD.
#303
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SWAFFORD, TIM
8807 NW 27TH ST
CORAL SPRINGS, FL 33065 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: TIM SWAFFORD 10/29/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SWAFFORD, TIM OWNER
Address: 11213 W ATLANTIC BLVD. #303
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SWAFFORD, TIM OWNER
Address: 8807 NW 27TH ST
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST ( ) Change (X) Addition
Name: RICHARDSON, JAMES W TREASUR
Address: 50 BAYOU DR
City-St-Zip: FT. WALTON BCH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM SWAFFORD D 10/29/2004
Electronic Signature of Signing Officer or Director Date