

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154424

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL RESPONSE INTENSIVE AIR, INC.

**Current Principal Place of Business:**

5919 APPROACH ROAD  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

8830 S TAMIAMI TRAIL  
SUITE 100  
SARASOTA, FL 34238 US

**Current Mailing Address:**

5919 APPROACH ROAD  
SARASOTA, FL 34238 US

**New Mailing Address:**

8830 S TAMIAMI TRAIL  
SUITE 100  
SARASOTA, FL 34238 US

FEI Number: 20-0860319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAROTHERS, CLIFTON E  
5919 APPROACH ROAD  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

CAROTHERS, CLIFTON E  
8830 S TAMIAMI TRAIL  
SUITE 100  
SARASOTA, FL 34238 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: CLIFTON CAROTHERS

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CAROTHERS, CLIFTON E  
Address: 8830 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34238 US

I hereby 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 all other like empowered.

SIGNATURE: CLIFTON CAROTHERS

DP

01/27/2011

Electronic Signature of Signing Officer or Director

Date