2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017431

FILED Apr 24, 2007 Secretary of State

Entity Name: AMBULANCE MANAGEMENT SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 22093 KIMBLE AVE PORT CHARLOTTE, FL 33952 **Current Mailing Address: New Mailing Address:** 22093 KIMBLE AVE PORT CHARLOTTE, FL 33952 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAHLE, GARY A ESQ GRANT, MICHAEL J MGR 99 NESBIT STREET 22093 KIMBLE AVENUE PUNTA GORDA, FL 33950 US PORT CHARLOTTE, FL 33952 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: MICHAEL GRANT 04/24/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: MGR () Change (X) Addition GRANT, MICHAEL J MGR Name: Name: 22093 KIMBLE AVENUE Address: Address: City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: MRS () Change (X) Addition GRANT, LORRAINE MGR Name: Name: Address: Address: 22093 KIMBLE AVENUE PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip:

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

SIGNATURE: MICHAEL GRANT MGR 04/24/2007