FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P38129 (3)

1. Corporation Name
ATLANTIC/KEY WEST AMBULANCE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5551 NW 9TH AVE. FT. LAUDERDALE FL 33309	100 BAYVIEW CIRCLE NEWPORT BCH., CA 92660

3. Date Incorporated or Qualified: 03/31/1992
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 33-0506809	☐ Applied For ☐ Not Applicable
21	26 1261 East Dyer RD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27 Ste 200		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 Santa ANA CA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 92705 / 30 USA		

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Manager P	☒ Change ☐ Addition
NAME	DEHUFF, GEORGE B., III	1.2 NAME	J. Scott Adams	
STREET ADDRESS	100 BAYVIEW CIRCLE, STE. 1000	1.3 STREET ADDRESS	1261 East Dyer Road ste 200	
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	Santa ANA CA 92705	
TITLE	D	2.1 TITLE	C	☒ Change ☐ Addition
NAME	EDMUNDS, DEWEY F.	2.2 NAME	M. Keith Huzyak	
STREET ADDRESS	100 BAYVIEW CIRCLE, STE. 1000	2.3 STREET ADDRESS	1261 East Dyer Road ste 200	
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	Santa ANA CA 92705	
TITLE	D	3.1 TITLE	S	☒ Change ☐ Addition
NAME	KAYE, MICHAEL S	3.2 NAME	William J. Nicl	
STREET ADDRESS	100 BAYVIEW CIRCLE, STE. 1000	3.3 STREET ADDRESS	1261 East Dyer Road ste 200	
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	Santa Ana CA 92705	
TITLE	ST	4.1 TITLE	D	☒ Change ☐ Addition
NAME	THACHER, BRUCE J.	4.2 NAME	Jeff Gorvey	
STREET ADDRESS	100 BAYVIEW CIRCLE, STE. 1000	4.3 STREET ADDRESS	1261 East Dyer Road ste 200	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY-ST-ZIP	Santa ANA CA 92705	
TITLE	GM	5.1 TITLE	D	☒ Change ☐ Addition
NAME	PEARDON, BOBBY	5.2 NAME	Noel E. Urben	
STREET ADDRESS	100 BAYVIEW CIRCLE, STE. 1000	5.3 STREET ADDRESS	1261 East Dyer Road ste 200	
CITY-ST-ZIP	NEWPORT BEACH CA	5.4 CITY-ST-ZIP	Santa Ana CA 92705	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 6/1/95 (714) 444-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482348 FP