

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90144 044 ***158.75

DOCUMENT # P38129

1. Corporation Name

ATLANTIC/KEY WEST AMBULANCE, INC.

Principal Place of Business

5551 N.W. 9TH AVE.
FT. LAUDERDALE FL 33309
US

Mailing Address

2821 S PARKER RD
20TH FLOOR
AURORA CO 80014
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1992

4. FEI Number

33-0506809

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2821 S. Parker Road**

2a. Mailing Address

26 **2821 S. Parker Road**

Suite, Apt. #, etc.

22 **10th Fl.**

Suite, Apt. #, etc.

27 **10th Fl.**

City & State

23 **Aurora, CO**

City & State

28 **Aurora, CO**

Zip

24 **80014**

Country

25 **USA**

Zip

29 **80014**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **DEHUFF, GEORGE B**
STREET ADDRESS **2821 S PARKER RD., 10TH FLOOR**
CITY-ST-ZIP **AURORA CO**

TITLE **PTCE** ☒ DELETE

NAME **RESTER, JOHN**
STREET ADDRESS **1850 PARKWAY PLACE**
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE **VS** ☐ DELETE

NAME **GARNER, ROBERT**
STREET ADDRESS **7255 N.W. 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **V** ☒ DELETE

NAME **KELLEHER, JACK**
STREET ADDRESS **7255 N.W. 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **V** ☒ DELETE

NAME **ALLEN, ROBERT**
STREET ADDRESS **2821 S PARKER RD., 10TH FLOOR**
CITY-ST-ZIP **AURORA CO 80014**

TITLE **V** ☐ DELETE

NAME **GAINES, JOSHUA T**
STREET ADDRESS **2821 S PARKER RD., 10TH FLOOR**
CITY-ST-ZIP **AURORA CO 80014**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **John Grainger**
1.3 STREET ADDRESS **3221 N. Service Road**
1.4 CITY-ST-ZIP **Burlington, ON CANADA L7R3Y8**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Trace Skeen**
2.3 STREET ADDRESS **1850 Parkway Pl.**
2.4 CITY-ST-ZIP **Marietta, GA 30067**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Robert Garner**
3.3 STREET ADDRESS **7255 N.W. 19th St.**
3.4 CITY-ST-ZIP **Miami, FL 33126**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **Joshua T. Gaines**
4.3 STREET ADDRESS **2821 S. Parker Road, 10th Fl.**
4.4 CITY-ST-ZIP **Aurora, CO 80014**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Gino Porazzo**
5.3 STREET ADDRESS **2821 S. Parker Road, 10th Fl.**
5.4 CITY-ST-ZIP **Aurora, CO 80014**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Susan Whittaker**
6.3 STREET ADDRESS **669 Airport Freeway**
6.4 CITY-ST-ZIP **Hurst, TX 76053**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)