2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38129

Entity Name: ATLANTIC/KEY WEST AMBULANCE, INC.

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business:				New Pri	New Principal Place of Business:		
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6200 S SYRACUSE WAY STE 200							
GREENWOOD VILLAGE, CO 80111 US Current Mailing Address:				New Mailing Address:			
_				new me	Trow maining readless.		
STE 200	RACUSE WAY OOD VILLAGE, (CO 80111	US				
			FEI Number Not A	pplicable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:							
Electronic Signature of Registered Agent				t		Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete SANGER, WILLIAM 6200 S SYRACUSE WAY, #200 GREENWOOD VILLAGE, CO 80111 US			Title: Name: Address: City-St-Zip	ɔ :	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () D PAHL, WILLIAM 6200 S SYRACUS GREENWOOD VI		111 US	Title: Name: Address: City-St-Zip	55 CHURC	(X) Change()Addition CA, ROBERT H STREET EN, CT 06510 US	
Title: Name: Address: City-St-Zip:	VPAS () C OWEN, RANDEL 6200 S SYRACUS GREENWOOD VI		111 US	Title: Name: Address: City-St-Zip	55 CHURC	(X) Change()Addition , DOUGLAS H STREET EN, CT 06510 US	
Title: Name: Address: City-St-Zip:	VAS () D EVANS, LORI A E 6200 S SYRACUS GREENWOOD VI	E SE WAY	111 US	Title: Name: Address: City-St-Zip	DELUISE, 55 CHURC	(X) Change()Addition ANTHONY M H STREET EN, CT 06510 US	
Title: Name: Address: City-St-Zip:	VTAS () Delete ZDOBINSKI, EDMUND 6200 S SYRACUSE WAY, #200 p: GREENWOOD VILLAGE, CO 80111 US		Title: Name: Address: City-St-Zip		(X) Change () Addition NDEL RACUSE WAY, #200 DOD VILLAGE, CO 80111 US		
Title: Name: Address: City-St-Zip:	ame: CAIRNS, IVAN ddress: 3221 N. SERVICE ROAD			Title: Name: Address: City-St-Zip	600 SIX FL	(X) Change()Addition ER, SUSAN A LAGS DRIVE, #300 N, TX 76011 US	

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: RANDEL OWEN VPAS 01/17/2005