## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P38129

Atlantic/Key West Ambulance, Inc.



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90547 014 \*\*\*158.75

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Place of Business		i J≽. ME	ilina Address	

2. Principa 6200 S. Syracuse Way 6200 S. Syracuse Way Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 Suite 200 City & State City & State Greenwood Village, Colorado Greenwood Village, Colorado

80111

DO NOT WRITE IN THIS SPACE

Applied For 33-0506809 Not Applicable \$8.75 Additional

Fee Required

Zip 80111 US DO NOT WRITE

After May 1, Fee is \$550.00 Amended UBR is \$61.25

Country

7. Name and Address of Current Registered Agent CT\_Corporation.System- --- ---Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

5. Certificate of Status Desired

1200 S. Pine Island Road

City Plantation Zip Code 33324

Trust Fund Contribution.

8. 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. I am familiar with, and accept the obligations of registered agent.

Country

US

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00

IN THIS SPACE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE : William Sanger NAME NAME 6200 S. Syracuse Way, #200 STREET ADDRESS STREET ADDRESS Greenwood Village, Colorado 80111 CITY\_ST-ZIP CITY-ST-ZIP TITLE TITLE William Pahl NAME NAME 6200 S. Syracuse Way, #200 STREET ADDRESS STREET ADDRESS Greenwood Village, Colorado 80111 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE V/T/AS Edward Zdobinski NAME NAME 6200 S. Syracuse Way, #200 STREET ADDRESS STREET ADDRESS DO NOT WRITE Greenwood Village, Colorado 80111 CITY-ST-ZIP CITY-ST-ZIP T/TLE TITLE IN THIS SPACE V/S Robert Garner NAME NAME 7255 NW 19th Street STREET ADORESS STREET ADDRESS Miami, Florida 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE IIIIFV/AS Lori A.E. Evans NAME NAME 3221 N. Service Road STREET ADDRESS STREET ADDRESS Burlington, ON Canada L7R3Y8 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE V/AS Ivan Cairns NAME NAME 3221 N. Service Road STREET ADDRESS STREET ADDRESS Burlington, ON Canada L7R3Y8 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information seportied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental export 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori A.E. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303-495-1227

Attrohmont 300/5987

Atlantic/Key West Ambulance, Inc. 38129

Cont.

#11 AS Susan Whittaker 600 Six Flags Drive Suite 300 Arlington, Texas 76011