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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P38132

(7)

Seminole County Ambulance, Inc.

FILED Mar 18 1997 8:00am Secretary of State

5551" NW	9 Avenue	5551 NW 9 Av	enue							
Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33309										
[·			[
						3. Date Incorporated or Qualified 3a. Date of Last Report 1996				
0 Principal f	Place of Business	2a. Martino Address	De Martine Address			4. FEI Number	1 13			
_	Tace of Business	F * * * * * * * * * * * * * * * * * * *			33-0506811		 	pplied For		
Suite, Apt.	# ptc	Suite, Apt. #, etc.			33-0300011			lot Applicable		
22		27			5. Certificate of Status Desired	X)		Additional lequired		
City & Stat	.0	City & State			6. Election Campaign Financing					
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country 7ip			Country		8. This corporation has liability for in	ntangible ta			
24	25 29 30					Florida Statutes KY Yes No				
9. Name and Address of Current Registered Agent C.T. Corporation System 81 Name						10. Name and Address of New Registered Agent				
C.T. Corporation System					Name					
8751 West Broward Boulevard				82	Street Address	Address (P.O. Box Number is Not Acceptable)				
Plantation, FL 33324			į							
				83					-	
			-	84	City		FL	85 Zip	Code	
11 Purcuent	to the provisions of Sections 607 0502	and 607 1509 Florida Statu	tor the ab	1	named caree	ration submits this statement for the o		honging	to registare d	
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 (NOT): Registered Agent signature required.						when releastation)	DATE			
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TITLE	P/D	☐ DELFTE	1.1 TIT	LΓ				Change	Addition	
MAMELLA K.	Cohn Rer Grainger	_	1.2 NA	ME	ľ					
STREET ADDRESS	3221 North Service Road Burlington, Ontario L7R348			REET A	ADDRESS					
CITY - ST - ZIP	buttingcon, oncarto	T/ V240	1.4 CIT	Y- S1	I - ZiP					
TITLE	S	DELETE	2 1 TIT	į E				Change	Addition	
NAME	Robert H. Byrne 3221 North Service Road Burlington, Ontario L7R348			ME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP			2 4 011	17 - S	1 - ZIP					
TITLE	T	DELFTE	3.1 101	Lŧ	Į	· ·		Change	Addition	
NAME	Michael Forsayeth 3221 North Service Road			ME						
STREET ADDRESS	Burlinton, Ontario	3 3 STF	REELA	ADDRESS						
CITY-ST-ZIP	<u> </u>	.,	3 4. CIT		1- 7IP					
TITLE	M Haltan D. Brannen	[] DELETE	4.1 1-11				L	Change	L Addition	
NAME	Walter F. Eismann 5551 NW 9 Avenue		4 2 NA							
STREET ADDRESS	Fort Lauderdale, FL	33309			ADDRESS					
CITY-ST-ZIP		[bt) t16	4400		- ZOP			76.		
TITLE		L DELETE	511111				L	Change	☐ Addition	
NAME			5.2 NAN		1000100		100	30	-10.	
STREET ADDRESS					ADDRESS		V r	(2)	78	
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT:		: /d'		r	_) Change	Addition	
NAME		E'CL CACHUT	6.2 NAM			70000211	745	ClianiyC	L MUNICOLL	
STREET ADDRESS					9930004	70000211 -03/19/970101	104	i '		
******					ADDRESS	***173.75	m well	•	}	
CITY-ST-ZIP		21 412 622	6.4 011	1-5	-/IF	Contino 110 07/2/Vil Florido Chilitia	L. C. and Co. and			

normation indicated on this annual report or supplied with this tiling 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 supplied ential 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 of the corporation of the corporation of 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 chapter or an attachment with an address.

SIGNATURE:

A CONTRACTOR OF THE PERSON NAMED IN

-WALTER F. EISMANN