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 05, 1999 8:00 am
Secretary of State
05-05-1999 90020 047 ***158.75

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DOCUMENT # P38132

1. Corporation Name
SEMINOLE COUNTY AMBULANCE, INC.

Principal Place of Business	Mailing Address
5551 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309 US	3221 N. SERVICE ROAD BURLINGTON, ONTARIO CANADA L7R -3Y8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/31/1992

2. Principal Place of Business	2a. Mailing Address
21 2821 S. Parker Road	26 2821 S. Parker Road
22 Suite, Apt. #, etc. 10th Fl.	27 Suite, Apt. #, etc. 10th Fl.
23 City & State Aurora, Colorado	28 City & State Aurora, Colorado
24 Zip 80014 25 Country USA	29 Zip 80014 30 Country USA

4. FEI Number: 33-0506811 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1200 S. Pine Island Road
84 City: Plantation **FL** 85 Zip Code: 33324

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: Marcia J. Surahara MARCIA J. Surahara 4.28.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GARNER, ROBERT		1.2 NAME	John Grainger	
STREET ADDRESS	7255 NW 19 STREET BLDG C		1.3 STREET ADDRESS	3221 N. Service Road	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	Burlington, ON CANADA L7R3Y8	
TITLE	VPAT	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	KELLEHER, JOHN F		2.2 NAME	Trace Skeen	
STREET ADDRESS	7255 NW 19 STREET BLDG C		2.3 STREET ADDRESS	1850 Parkway Pl., #810	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	Marietta, GA 30067	
TITLE	VPAS	☐ DELETE	3.1 TITLE	V/S	☒ Change ☐ Addition
NAME	GAINES, JOSHUA T		3.2 NAME	Robert Garner	
STREET ADDRESS	2821 SOUTH PARKER RAOD 10TH FLOOR		3.3 STREET ADDRESS	7255 N.W. 19th St.	
CITY-ST-ZIP	AURORA CO 80014		3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	VPAS	☒ DELETE	4.1 TITLE	V/AS	☒ Change ☐ Addition
NAME	ALLEN, ROBERT		4.2 NAME	Joshua T. Gaines	
STREET ADDRESS	2821 SOUTH PARKER ROAD 10TH FL		4.3 STREET ADDRESS	2821 S. Parker Road, 10th Fl.	
CITY-ST-ZIP	AURORA CO 80014		4.4 CITY-ST-ZIP	Aurora, CO 80014	
TITLE	VPAS	☐ DELETE	5.1 TITLE	V/AS	☒ Change ☐ Addition
NAME	PORAZZO, GINO		5.2 NAME	Gino Porazzo	
STREET ADDRESS	2821 SOUTH PARKER ROAD 10TH FL		5.3 STREET ADDRESS	2821 S. Parker Road, 10th Fl.	
CITY-ST-ZIP	AURORA CO 80014		5.4 CITY-ST-ZIP	Aurora, CO 80014	
TITLE	AS	☐ DELETE	6.1 TITLE	AS	☒ Change ☐ Addition
NAME	WHITTAKER, SUSAN A		6.2 NAME	Susan Whittaker	
STREET ADDRESS	669 AIRPORT FREEWAY SUITE 400		6.3 STREET ADDRESS	669 Airport Freeway, #400	
CITY-ST-ZIP	HURST TE 76053		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 REQUIRED 4/21/99 (303) 614-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)