FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012750 (5)

1. Corporation Name
BETHESDA AMBULANCE COVERAGE, INC.

600001475556
-05/04/95--01027--018
***3040.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483	54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0413365 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E
54 NE FOURTH AVE.
DELRAY BEACH FL 33483

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and the Date Adjacent Thereto (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE
NAME	HILL, ROBERT B	12 NAME
STREET ADDRESS	2815 S SEACREST BLVD	13 STREET ADDRESS
CITY ST ZIP	BOYNTON BEACH FL 33435	14 CITY ST ZIP
TITLE	~~VS~~	21 TITLE
NAME	~~RESTER, MICHAEL SCOTT~~	22 NAME
STREET ADDRESS	~~2815 S. SEACREST BLVD~~	23 STREET ADDRESS
CITY ST ZIP	~~BOYNTON BEACH FL~~	24 CITY ST ZIP
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition
TDV
TAYLOR, ROBERT B.
2815 S. Seacrest Blvd.
Boynton Beach, FL 33435

☐ Change ☒ Addition
D
KIRK, ROGER L.
2815 S. Seacrest Blvd.
Boynton Beach, FL 33435

☐ Change ☒ Addition
D
PELTZIE, KENNETH G.
2815 S. Seacrest Blvd.
Boynton Beach, FL 33435

☐ Change ☒ Addition
S
STRAWN, JOEL T.
54 NE 4th Avenue
Delray Beach, FL 33438

☐ Change ☐ Addition
APT 511

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: _____ 4-28-95 407-278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276636 CP