FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # P94000009674

1. Corporation Name

Action Air Ambulance

Principal Place of Business: 9100 S. Dadeland Blvd. #1105, Miami, FL 33156

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/7/94

3a. Date of Last Report:

2. Principal Place of Business
21: 5804 Sunset Dr
22: Suite, Apt. #, etc
23: Miami, FL
24: Zip 33143
25: Country USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number — Applied For / Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 Virginia St. #1
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: Dana M. Kaufman, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd.
83: Suite #262
84 City: N. Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.1502 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] 7/24/95
(Signature required) (Date)
(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	☒ Change ☐ Addition
12 NAME	Lawrence R. Bercu	
13 STREET ADDRESS	5804 Sunset Dr.	
14 CITY ST ZIP	Miami, FL 33143	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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14. I declare, under penalty, 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Director 7/20/95 305-662-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #