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

APPROVED AND FILED

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040233 (6)**

1. Corporation Name
AMBULANCE AND MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
4237 SALISBURY RD., SUITE 306 JACKSONVILLE FL 32216	4237 SALISBURY RD., SUITE 306 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1919 COURTNEY DRIVE	26 PO BOX 60105
Suite, Apt. #, etc. 22 SUITE 10-A	Suite, Apt. #, etc. 27
City & State 23 FORT MYERS FLORIDA	City & State 28 FORT MYERS FL
Zip / Country 24 33901 / 25 LEE	Zip / Country 29 33906 / 30 LEE

4. FEI Number: 59-3249105 ☐ 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	10. Name and Address of New Registered Agent
CLOUGH, TONI L 4237 SALISBURY RD., SUITE 306 JACKSONVILLE FL 32216	81 Name: TONI L. CLOUGH 82 Street Address (P.O. Box Number is Not Acceptable): 1919 COURTNEY DRIVE 83: SUITE 10-A 84 City: FORT MYER FL 85 Zip Code: 33901

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: Toni L. Clough — DATE: 4/26/95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	CLOUGH, TONI L	12 NAME	TONI L. CLOUGH	
STREET ADDRESS	4237 SALISBURY RD., SUITE 306	13 STREET ADDRESS	1919 COURTNEY DRIVE, SUITE 10A	
CITY ST ZIP	JACKSONVILLE FL 32216	14 CITY ST ZIP	FORT MYERS FL 33901	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We 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 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.

SIGNATURE: Toni L. Clough — 4/26/95 — 813-939-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0018660 CP