

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000040233 (6)

1. Corporation Name

AMBULANCE AND MEDICAL BILLING, INC.



Principal Place of Business

1919 COURTNEY DR  
SUITE 10A  
FT MYERS FL 33901  
US

Mailing Address

P O BOX 60105  
FT MYERS FL 33906  
US

3. Date Incorporated or Qualified  
05/27/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10231 Metro Parkway

26 same as above

4. FEI Number

59-3249105

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 204

27

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

City & State

City & State

23 Fort Myers, FL

28

Zip

Country

Zip

Country

24 33912

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOUGH, TONI L  
1919 COURTNEY DR  
SUITE 10A  
FT MYERS FL 33901

81 Name

Clough, Toni L.

82

Street Address (P.O. Box Number is Not Acceptable)

10231 Metro Parkway

83

Suite 204

84

City

Fort Myers

FL

85

Zip Code

33912

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.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CLOUGH, TONI L  
1919 COURTNEY DR SUITE 10A  
FT MYERS FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
President ☒ Change ☐ Addition  
Clough, Toni L.  
10231 Metro Parkway, Suite 204  
Fort Myers, FL 33912

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/96 941-939-3131

CR2E034 (12/95)