

**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 60106  
FT MYERS FL 33906  
US

2. Principal Place of Business

**21 10231 Metro Parkway**

Suite, Apt. #, etc.

**22 204**

City & State

**23 Fort Myers, FL**

Zip

**24 33912**

Country

**25 USA**

2a. Mailing Address

**26 same as above**

Suite, Apt. #, etc.

**27**

City & State

**28**

Country

**29**

Zip

**30**

3. Date Incorporated or Qualified  
**05/27/1994**

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

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

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

10. Name and Address of New Registered Agent

**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 re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUGH, TONI L	1.2 NAME	Clough, Toni L.	
STREET ADDRESS	1919 COURTNEY DR SUITE 10A	1.3 STREET ADDRESS	10231 Metro Parkway, Suite 204	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33912	
<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME		
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS		
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME		
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS		
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME		
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS		
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME		
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.2 NAME		
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS		
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP		

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: *Toni L. Clough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-939-3131

Date Daytime Phone #

CR2E034 (12/95)