

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90046 048 \*\*\*150.00

**DOCUMENT # P96000024806**

1. Entity Name

**MEDIC AIR SYSTEMS, INC.**



Principal Place of Business

**700 GLADES COURT  
SUITE 100, SUITE 100  
PORT ORANGE FL 32127  
US**

Mailing Address

**700 GLADES COURT  
SUITE 100, SUITE 100  
PORT ORANGE FL 32127  
US**

2. Principal Place of Business

**700 GLADES COURT**

Suite, Apt. #, etc.

3. Mailing Address

**700 GLADES COURT**

Suite, Apt. #, etc.

City & State

**PORT ORANGE, FL**

City & State

**PORT ORANGE, FL**

Zip

**32127**

Country

**USA**

Zip

**32127**

Country

**USA**

4. FEI Number

**59-3367217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **TAYLOR, KEVIN R**  
STREET ADDRESS **6190 KNOTTY PINE COURT**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VS** ☐ Delete  
NAME **TAYLOR, JULYNNE**  
STREET ADDRESS **6190 KNOTTY PINE COURT**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **V** ☐ Delete  
NAME **MADDEN, THOMAS M**  
STREET ADDRESS **8638 SHADY GLEN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEVIN R. TAYLOR**

**1/28/05**

Date

**(386) 760-2356**

Daytime Phone #