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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000045179 (4)

1. Corporation Name

AAAEMS ACCREDITED AIR AMBULANCE EMERGENCY MEDICAL SERVICES AND WORLDWIDE MEDICAL TRANSPORTS, INC

Principal Place of Business

Mailing Address

1150 KAPP DRIVE  
CLEARWATER FL 34625

1150 KAPP DRIVE  
CLEARWATER FL 34625-2118



3. Date Incorporated or Qualified

05/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 1710 N. Hercules Ave.

2a. Mailing Address

26 PO Box 6174

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 101

27

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34625

25

29 34618

30

4. FEI Number

59-3379933

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

~~HAUSER, MICHAEL L~~  
~~1150 KAPP DRIVE~~  
~~CLEARWATER FL 34625~~

81 Name

Dean C. Markley

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

1710 N. Hercules Avenue

83

Suite 101

84

City

Clearwater

FL

85

Zip Code

34625

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Dean C. Markley*  
Signature, typed or printed name of registered agent and title if applicable

Dean C. Markley, Director 4/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME ~~HAUSER, MICHAEL L~~  
STREET ADDRESS ~~1150 KAPP DRIVE~~  
CITY-ST-ZIP ~~CLEARWATER FL 34625~~

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Dean C. Markley  
1.3 STREET ADDRESS 1710 N. Hercules Ave., Ste.101  
1.4 CITY-ST-ZIP Clearwater, FL 34625

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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 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:

*Dean C. Markley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean C. Markley, Director 4/30/97 813-445-9255

Date

Daytime Phone #

CR2E034 (9/96)