2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# P96000102150

Entity Name: AMERICARE AMBULANCE SERVICE, INC.

Current Principal Place of Business:

600 MADISON ST
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

600 MADISON ST
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3422981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, DAVID M
600 MADISON ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASON, RONNIE
Address: 202 W POWHATTAN
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete
Name: CARR, DAVID M
Address: 600 MADISON ST
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASON, RONNIE
Address: 8618 THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE MASON D 01/20/2004

Electronic Signature of Signing Officer or Director Date