2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2012
Secretary of State

DOCUMENT# P96000102150

Entity Name: AMERICARE AMBULANCE SERVICE, INC.

Current Principal Place of Business:

11301 HWY 92 E
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

11301 HWY 92 E
SEFFNER, FL 33584

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
501 N. MORGAN ST., SUITE 203
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

OFFICERS AND DIRECTORS:

Title: D
Name: MASON, RONALD W SR
Address: 6818 THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565

Title: D
Name: CARR, DAVID M
Address: 501 N MORGAN ST. SUITE 203
City-St-Zip: TAMPA, FL 33602

Title: D
Name: MASON, JAMES D
Address: 17606 OLD OAK WAY
City-St-Zip: LITHIA, FL 33547

Title: D
Name: MASON, RONALD W JR
Address: 6810 THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565

Title: D
Name: CARR, KELLI L
Address: 11503 HUMBER PL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D
Name: CARR, CHRISTOPHER R
Address: 11503 HUMBER PLACE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: RONALD W. MASON PRES 01/24/2012

Electronic Signature of Signing Officer or Director — Date