

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098559

FILED
Jan 06, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA AMBULANCE, INC.

Current Principal Place of Business:

3836 COMMERCE LOOP
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6605 N.W. 74 AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-3545875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, RAUL
6605 N.W. 74 AVE
MIAMI, FL 33166

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: WOOD, SAMUEL L
Address: 863 CEDAR AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: P () Delete
Name: MAYMON, CHARLES
Address: 2570 SOUTH PARK RD
City-St-Zip: PEMBROKE PARK, FL 33009

Title: S () Delete
Name: MEDINA, RAUL
Address: 2570 SOUTH PARK RD
City-St-Zip: PEMBROKE PARK, FL 33009

Title: D () Delete
Name: EISMANN, WALTER
Address: 2220 EDGAR CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RAUL MEDINA

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01/06/2004

Electronic Signature of Signing Officer or Director

Date