

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098559

FILED  
Jan 12, 2005  
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:

3747 SILVER STAR ROAD  
ORLANDO, FL 32808

## 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 (X)

## Name and Address of Current Registered Agent:

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

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01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date