

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000098559

**FILED**  
**Nov 01, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA AMBULANCE, INC.

**Current Principal Place of Business:**

3747 SILVER STAR ROAD  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

6605 NW 74TH 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MEDINA, RAUL V JR  
**Address:** 6605 NW 74TH AVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** D  
**Name:** MAYMON, CHARLES  
**Address:** 6605 NW 74 AVE  
**City-St-Zip:** MIAMI, FL 33166

**Title:** D  
**Name:** EISMANN, WALTER JR  
**Address:** 2220 EDGAR CT.  
**City-St-Zip:** OVIEDO, FL 32765

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:** RAUL MEDINA, JR.

D

11/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date