FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:46

DOCUMENT # **S72797** **(1)**

1. Corporation Name
INTERNATIONAL AIR MEDICINE, INC.

Principal Place of Business	Mailing Address
310 DOLPHIN STREET GULF BREEZE FL 32561	310 DOLPHIN STREET GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3108640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROCHE, JOHN
310 DOLPHIN STREET
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROCHE, JOHN	12 NAME	
STREET ADDRESS	310 DOLPHIN STREET	13 STREET AD	John needs to sign
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-	Enclose FILED copy from
TITLE		21 TITLE	SECRETARY OF STATE
NAME		22 NAME	DIVISION OF CORPORATIONS to
STREET ADDRESS		23 STREET AD	95 APR 13 PM 3:46 Date
CITY-ST-ZIP		24 CITY-ST-	by May 1.
TITLE		31 TITLE	Pay from IAM
NAME		32 NAME	Don't detach
STREET ADDRESS		33 STREET A	
CITY-ST-ZIP		34 CITY-ST	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET AI	
CITY-ST-ZIP		44 CITY-ST-	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET A	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J W. Roche JOHN W. ROCHE 4-10-95 9049341332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300053 CP