2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2019
Secretary of State
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Entity Name: FLORIDA AMBULANCE ASSOCIATION, INC.

Current Principal Place of Business:

1420 NEW YORK AVE NW
C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR
WASHINGTON, DC 20005

Current Mailing Address:

1420 NEW YORK AVE NW
C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR
WASHINGTON, DC 20005 US

FEI Number: 81-1090900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ALISSA
C/O NATIONAL HEALTH TRANSPORT
2290 NW 110TH AVE.
SWEETWATER, FL 33172 US

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: ALISSA GARCIA 01/29/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST PRESIDENT	Title	PRESIDENT ELECT
Name	SKAVRONECK, ALAN	Name	RAMOTAR, TERENCE
Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR	Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR
City-State-Zip:	WASHINGTON DC 20005	City-State-Zip:	WASHINGTON DC 20005
Title	PRESIDENT	Title	TREASURER
Name	PETERSON, JOHN	Name	MARTIN, HOLLY
Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR	Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR
City-State-Zip:	WASHINGTON DC 20005	City-State-Zip:	WASHINGTON DC 20005
Title	ADMINISTRATOR	Title	SECRETARY
Name	RIORDAN, AMANDA	Name	GARCIA, ALISSA
Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR	Address	1420 NEW YORK AVE NW C/O AMERICAN AMBULANCE ASSOC 5TH FLOOR
City-State-Zip:	WASHINGTON DC 20005	City-State-Zip:	WASHINGTON DC 20005

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA RIORDAN ADMINISTRATOR 01/29/2019

Electronic Signature of Signing Officer/Director Detail — Date