2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745264

Entity Name: FLORIDA AMBULANCE ASSOCIATION, INC.

FILED
Apr 24, 2025
Secretary of State
2881050028CC

Current Principal Place of Business:

4531 OAK FAIR BOULEVARD TAMPA, FL 33610

Current Mailing Address:

PO BOX 96503 #72319 WASHINGTON, DC 20090 US

FEI Number: 81-1090900 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERENCE, RAMOTAR 4531 OAK FAIR BOULEVARD TAMPA, FL 33610 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: TERENCE RAMOTAR 04/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title IMMEDIATE PAST PRESIDENT

 Name
 MARK, POSTMA
 Name
 RAMOTAR, TERENCE

 Address
 PO BOX 96503 #72319
 Address
 PO BOX 96503 #72319

 City-State-Zip:
 WASHINGTON DC 20090
 City-State-Zip: WASHINGTON DC 20090

Title **ADMINISTRATOR** Title **TREASURER** Name WINESETT, MEGHAN Name REG, ALLEN Address PO BOX 96503 #72319 Address PO BOX 96503 #72319 WASHINGTON DC 20090 City-State-Zip: City-State-Zip: WASHINGTON DC 20090

Title PRESIDENT-ELECT Title **SECRETARY** Name EDWARD, BADAMO Name SIMPSON, JOHN Address PO BOX 96503 #72319 PO BOX 96503 #72319 Address City-State-Zip: WASHINGTON DC 20090 City-State-Zip: WASHINGTON DC 20090

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: MEGHAN WINESETT

Electronic Signature of Signing Officer/Director Detail

ADMINISTRATOR

04/24/2025