

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20454

Entity Name: CENTURY AMBULANCE SERVICE, INC.

Current Principal Place of Business:

2144 ROSSELLE ST
JACKSONVILLE, FL 32204

Current Mailing Address:

2144 ROSSELLE ST
JACKSONVILLE, FL 32204

FEI Number: 59-2060042

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELLERS, HERBERT SIII
2144 ROSSELLE ST
JACKSONVILLE, FL 32204 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name SELLERS, HERBERT SIII
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title DV
Name MORRELL, MARSHA
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title DST
Name SMITH, HOPE S
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title DV
Name SELLERS, TANA L
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title DV
Name SELLERS, TODD A
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title DV
Name BAILEY, RAYMOND E
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

Title CEO
Name GLOVER, JOHN C
Address 2144 ROSSELLE ST
City-State-Zip: JACKSONVILLE FL 32204

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: HOPE S SMITH

SECRETARY TREASURER 05/23/2013

Electronic Signature of Signing Officer/Director Detail

Date