

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42895

Entity Name: REV AMBULANCE GROUP ORLANDO, INC.**Current Principal Place of Business:**2737 N FORSYTH RD
WINTER PARK, FL 32792**Current Mailing Address:**2737 N FORSYTH RD
WINTER PARK, FL 32792 US**FEI Number:** 59-2309315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	CEO
Name	SULLIVAN, TIM
Address	2737 NORTH FORSYTH ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	DIR
Name	BECKER, JOHN
Address	2737 NORTH FORSYTH ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	BAMATTER, PAUL
Address	2737 NORTH FORSYTH ROAD
City-State-Zip:	WINTER PARK FL 32792

Title	TREA
Name	NOLDEN, DEAN
Address	2737 N FORSYTH RD
City-State-Zip:	WINTER PARK FL 32792

Title	SECD
Name	KROP, PAMELA
Address	2737 NORTH FORSYTH ROAD
City-State-Zip:	WINTER PARK FL 32792

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: TIM SULLIVAN**PRESIDENT****04/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date