

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000102150

**Entity Name:** AMERICARE AMBULANCE SERVICE, INC.**Current Principal Place of Business:**11301 HWY 92 E  
SEFFNER, FL 33584**Current Mailing Address:**11301 HWY 92 E  
SEFFNER, FL 33584 US**FEI Number:** 59-3422981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, DAVID M  
11301 HWY 92 E  
SEFFNER, FL 33584 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 MANAGING DIRECTOR  
Name CARR, DAVID M  
Address 11301 HWY 92 E  
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR  
Name CARR, KELLI L  
Address 11503 HUMBER PL  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name CARR, AARON  
Address 11503 HUMBER PL  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name OTTE, JULIE  
Address 6902 THONOTOSASSA RD  
City-State-Zip: PLANT CITY FL 33565

Title MANAGING DIRECTOR  
Name MASON, JAMES D  
Address 17606 OLD OAK WAY  
City-State-Zip: LITHIA FL 33547

Title DIRECTOR  
Name CARR, CHRISTOPHER R  
Address 11503 HUMBER PLACE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name RABURN, SUSAN  
Address 6904 THONOTOSASSA RD  
City-State-Zip: PLANT CITY FL 33565

Title CEO  
Name YOUNGBLOOD, JEFFREY B  
Address 11301 HWY 92 E  
City-State-Zip: SEFFNER FL 33584

**Continues on page 2**

*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:** JEFFREY YOUNGBLOOD

CEO

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MASON, RONALD III  
Address 14633 COLOMA LANE  
City-State-Zip: ODESSA FL 33556

Title DIRECTOR  
Name CARR, GAY  
Address 11503 HUMBER PLACE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name MASON, RYAN  
Address 4392 LAUREL PLACE  
City-State-Zip: WESTON FL 33332