2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2025
Secretary of State
1715596083CC

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

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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 02/05/2025

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

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