

2020 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 DIRECTOR
Name MASON, RONALD WSR
Address 6818 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, 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 MANAGING DIRECTOR
Name CARR, DAVID M
Address 11301 HWY 92 E
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR
Name MASON, RONALD WJR
Address 6810 THONOTOSASSA RD
City-State-Zip: PLANT CITY FL 33565

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

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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**CHIEF EXECUTIVE
OFFICER****05/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OTTE, JULIE
Address 6902 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