

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002358

Entity Name: EXCELSIOR AMBULANCE SERVICE, INC.

Current Principal Place of Business:

1 EXCELSIOR WAY SE
LUWDOWICI, GA 31316

Current Mailing Address:

1 EXCELSIOR WAY SE
LUWDOWICI, GA 31316 US

FEI Number: 45-0600978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, JAMES OWNER
173 SE BAYA DRIVE
LAKE CITY, FL 32025 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: JAMES GRAHAM

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name GRAHAM, JAMES OWNER
Address 40 EAST ACADEMY
SUITE 979
City-State-Zip: LUWDOWICI GA 31316

Title MANAGER
Name MATHIS, AMANDA
Address 1 EXCELSIOR WAY SE
City-State-Zip: LUWDOWICI GA 31316

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: JAMES GRAHAM

OWNER

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date