

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38129

Entity Name: ATLANTIC/KEY WEST AMBULANCE, INC.

Current Principal Place of Business:

6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 33-0506809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, PRESIDENT
Name OWEN, RANDEL G
Address 6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP
Name JOHNSON, BENJAMIN P
Address 6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title TREASURER, VP
Name RUTHERFORD, KRISTY
Address 6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title SECRETARY
Name WILSON, CRAIG A
Address 6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title PRESIDENT
Name VAN HORNE, EDWARD B
Address 6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
City-State-Zip: GREENWOOD VILLAGE CO 80111

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: CRAIG A. WILSON

SECRETARY

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date