

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841983

Entity Name: ATMORE AMBULANCE, INC.

Current Principal Place of Business:

212 NORTH MAIN STREET
ATMORE, AL 36502

Current Mailing Address:

212 NORTH MAIN STREET
ATMORE, AL 36502

FEI Number: 63-0707753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JIMMIE DSR
9941 HWY 97
CENTURY, FL 32535 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 O
Name JAY, KAREN D
Address 212 NORTH MAIN STREET
City-State-Zip: ATMORE AL 36502

Title O
Name JAY, FRANK E
Address 212 NORTH MAIN STREET
City-State-Zip: ATMORE AL 36502

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: KAREN D JAY

PRESIDENT

09/18/2013

Electronic Signature of Signing Officer/Director Detail

Date