

**2014 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**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date