FEI Number: 63-0707753 Name and Address of Current Registered Agent:			Certificate of Status Des	ired: No
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: JIMMIE D DAVIS				11/18/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	0	Title	0	
Name	JAY, KAREN D	Name	JAY, FRANK E	
Address	212 NORTH MAIN STREET	Address	212 NORTH MAIN STREET	
City-State-Zip:	ATMORE AL 36502	City-State-Zip:	ATMORE AL 36502	

212 NORTH MAIN STREET

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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: KAREN D JAY

PRESIDENT

11/18/2016 Date

Electronic Signature of Signing Officer/Director Detail

FILED Nov 18, 2016 **Secretary of State** CR2792708787

2016 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 841983

Entity Name: ATMORE AMBULANCE, INC.

Current Principal Place of Business:

212 NORTH MAIN STREET ATMORE, AL 36502

ATMORE. AL 36502

Current Mailing Address: