

FILE NOW: FILING FEE AFTER MAY 1, IS \$550.00

FILED
Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 476620
 1. Corporation Name
NATIONAL AMBULANCE BUILDERS, INC.

Principal Place of Business Mailing Address
230 N. Ortman Drive
Orlando, FL 32805

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
23 Country	28 Country
24	29
25	30

3. Date Incorporated or Qualified 05/22/1975	3a. Date of Last Report 05/01/96
4. FEI Number 59-1595463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Craig B. Ward, P.A.
105 E. Robinson Street
Suite 501
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name Philip Y. Lai
82 Street Address (P.O. Box Number is Not Acceptable) 230 North Ortman Drive
83
84 City Orlando
85 Zip Code FL 32805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Philip Y. Lai* **Philip Y. Lai, Pres.**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> DELETE
NAME	Willis, Idus E.	
STREET ADDRESS	2804 Overlake St.	
CITY-ST-ZIP	Orlando, FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	McRorie, Carolyn	
STREET ADDRESS	9409 Florence Ave.	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	Butler, Ronald C.	
STREET ADDRESS	230 North Ortman Drive	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D,V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D,P,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Philip Y. Lai	
2.3 STREET ADDRESS	230 North Ortman Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32805	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip Y. Lai* **Philip Y. Lai, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)