2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE

AMERICAN MEDICAL TRANSPORT, INC.

P02000073856



FILED Mar 31, 2003 8:00 am § Secretary of State

03-31-2003 90190 005 ***158.75

Principal Place of Euchness Sulfe, Apr. P. etc. Sulfe, Apr. P. etc. Sulfe, Apr. P. etc. City & State City & S							OO WE THE						
Suite, Act 6, etc. Suite Apl. 1, etc. Suite Apl. 1, etc. CHECK HERE IF MAKING CHANGES City & State Country Zip Country S. Certificate of Status Desired Applied For 15-2 23 (8 97 0.0 Applied For 15-2 23 (105 N APOPKA AVE			105 N	105 N APOPKA AVE								
City & Slate Country Country Signature 6. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Name Stroot Address of New Registered Agent Name City FL Zip Code City FL Zip	2. Principal P	lace of Busir	ness	3. Mai	3. Mailing Address				!	 		HALD DIE 1881	
Zp Country Zip Country 5. Cartificate of Status Desired Desire	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 8. The above named critis submits this statement for the purpose of changing its registered agent, or both, in the State of Forlida. I am familiar with, and scoop the obligations of registered agent. SigniATUPE FILE NOW!!! FEE IS S150.00 After May 1, 2009 Fee will be \$580.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. MAKE SIRET ADDRESS FLORE NOW BEAT ADDR	City & State			City	City & State								
POSEY, MILTON J 105 N APOPKA AVE INVERNESS FL 34450 8. The above named onlift submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits belief or infraril lower of inguistered agent with fine if approaches. (nOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits belief or infraril lower of inguistered agent with fine if approaches. (nOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE The state of Florida State of Florida State of Florida. I am familiar with, and accept the registered agent. SIGNATURE The N	Zip		Country	Zip	چې د د د د د د د د د د د د د د د د د د د	Count	try		-		8.75 Add	litional	
POSEY, MILTON J 105 N APOPKA AVE INVERNESS FL 34450 8. The above named onlift submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits belief or infraril lower of inguistered agent with fine if approaches. (nOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits belief or infraril lower of inguistered agent with fine if approaches. (nOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligations of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE The state of Florida State of Florida State of Florida. I am familiar with, and accept the registered agent. SIGNATURE The N		6 Name	and Address of Curren	t Registers	Registered Agent				<u> </u>				
POSEY, MILTON J 105 N APOPKA AVE INVERNESS FL 34450 10. The above named critiry submits this statement for the purpose of changing its registered agent, or both, in this State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in this State of Forida. I am familiar with, and accept the obligations of registered agent. Signature Signa		U. IValine	and Addiess of Corre	it riegistere	N Agent		Name		. Name and Address of New Regis	iereu A	actir.		
INVERNESS FL 34450 City FL Zip Code													
City FL Zip Code	•					ĺ						;	
THE NAME STREET ADDRESS FL 34450 TITLE NAME STREET ADDRESS CITY-ST-2PP TITLE NAME STREET ADDRE		* *,	\$ 180 1							FL	Zip Code	9	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 10 POSEY, MILTON J 105 N APOPKA AVE INVERNESS FL 34450 107: ST. ZIP INVERNESS FL 34450 108 PORNA AVE INVERNESS FL 34450 109 Delete INVERNESS FL 34450 109 Delete INVERNESS FL 34450 100 NAME STREET ADDRESS CITY-ST. ZIP INTE INTE INTE INTE INTE INTE INTE INTE	the obligat			for the purp	ose of changing its	registere	ed office or regis	stered a	agent, or both, in the State of Florida	. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME POSEY, MILTON J STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZI	SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOT	E: Registered	d Agent signature requ	uired when	n reinstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITATION STREET ADDRESS CITY-ST-ZIP STRE	After May 1, 2003 Fee will be \$550.00												
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITATION STREET ADDRESS CITY-ST-ZIP STRE	10		OFFICERS AN	n DIRECTO	RS .	11			ADDITIONS/CHANGES TO GERCER	RS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STRE	TITLE NAME STREET ADDRESS	POSEY, M	ilton j Opka ave	D BINECTO		TITLE NAME STREE	ET ADDRESS	5	ADDITIONS CHANGES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	D REARDON 105 N AP	, edmond w Opka ave	•	☐ Delete	NAME STREE	ET ADDRESS				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS				Delete -	NAME STREE	ET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS				Change		
NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS	.*			☐ Delete	NAME STREE	T ADDRESS			,	Change	☐ Addition	
	NAME STREET ADDRESS				☐ Delete	NAME STREE	T ADDRESS				□ Change	Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attendance with an address, with all other like empowered.