

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Manning
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054206 (6)

1. Corporation Name

METRO MEDICAL TRANSPORTATION SERVICES, INC.



Principal Place of Business

1995 NE 142 ST
NORTH MIAMI FL 33181

Mailing Address

1995 NE 142 ST
NORTH MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

ZILBER, SIGMUND
1995 NE 142 ST
STE 1150
NO MIAMI FL 33181

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.010 and 607.1905, Florida Statutes, the above named corporation admits 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.010, Florida Statutes.

SIGNATURE

Sigmund Zilber, President, Metro Medical Transportation Services, Inc., 1995 NE 142 St., North Miami, FL 33181

Sigmund Zilber, Secretary, Metro Medical Transportation Services, Inc., 1995 NE 142 St., North Miami, FL 33181

601

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	ZILBER, MARTIN	
STREET ADDRESS	1995 NE 142 ST	
CITY-STATE-ZIP	NORTH MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZILBER, SIGMUND	
STREET ADDRESS	1995 NE 142 ST	
CITY-STATE-ZIP	NORTH MIAMI FL	
TITLE	V P	<input type="checkbox"/> DELETE
NAME	STEINBERG, EDWARD	
STREET ADDRESS	1995 NE 142 ST	
CITY-STATE-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is a true and correct copy of the information stated in Section 190.016, Florida Statutes. I further certify that the information indicated on this filing is a true and correct copy of the information 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 person or persons 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, in the corporation's records.

SIGNATURE: *Sigmund Zilber* Sigmund Zilber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (305) 944-4422
DATE TIME

CR2E034 (12/95)