

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000018638

Entity Name: MED-ONE SHUTTLE, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3294 WEST STATE ROAD 40  
ORMOND BEACH, FL 321742537 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730206  
ORMOND BEACH, FL 321730206

**New Mailing Address:**

FEI Number: 59-3546131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACK, JAMES  
3294 WEST STATE ROAD 40  
ORMOND BEACH, FL 321742537 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JACK, JAMES  
Address: POST OFFICE BOX 730206  
City-St-Zip: ORMOND BEACH, FL 321730206

Title: VPD  
Name: JACK, FRANCES  
Address: POST OFFICE BOX 730206  
City-St-Zip: ORMOND BEACH, FL 321730206

Title: TD  
Name: WHITFIELD, PAULINE  
Address: 3294 WEST STATE ROAD 40  
City-St-Zip: ORMOND BEACH, FL 321742537

Title: D  
Name: JACK, STEVEN  
Address: 7 WHIPPER IN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 321742440

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: PAULINE WHITFIELD

TD

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date