ANNUAL REPORT (AR)

File BERWICK CRICKLE SHALIMAR FL 2579  2. Findipal Place of Business Sulle, Apt. #, 40c.  3. Maiting Address Sulle, Apt. #, 40c.  4. Findipal Place of Business Sulle, Apt. #, 40c.  5. Sulle, Apt. #, 40c.  6. Name and Address of Cornect Registered Agent  7. Name and Address of Registered Agent  STROMSNESS, KAREN A SI FRIENDLY LANE SHALIMAR FL 2579  6. The above named only screen is the statement for the purpose of changing its registered address (P.O. Brx Nazirori is Not Acceptable)  6. The above named only screen is the statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar war, and accept the bothgraine on registered Agent.  SIGNATURE  Signama, special or propieties of Agent is the statement of the purpose of changing its registered control registered agent, or both, in the State of Florids. I am familiar war, and accept the bothgraine on registered Agent.  SIGNATURE  Signama, special or propieties of Agent is the statement of the purpose of changing its registered sequence.  FILE NOW!! FEE IS \$150.00  After May 1, 2005 Fee Will be \$550.00  Make Check Playable to Frields Department of State  10. SFTDERS AND DRIECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DRIECTORS  11. ADDITIONS/CHANGES  12. Control of the purpose of changing its registered agent, or both, in the State of Propiety of Addition  13. Addition of the purpose of changing its registered agent, or both, in the State of Propiety of The Addition  14. ADDITIONS/CHANGES TO OFFICERS AND DRIECTORS  1	DOCUMENT # P0000034016  1. Entity Name  D H S MED. TRANS., INC					FILED Apr 07, 2005 08:00 AM Secretary of State				
Sulfer, Apt. #, etc.	76 BERWIC	K CIRCLE	76 BERWICK CIRCLE	<u> </u>			22. 21. 21. 21. 21. 21. 21. 21. 21. 21.			
City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. 75 Additional  STROMSNESS, KAREN A SI FRIENDLY LANE STROMSNESS, KAREN A SI FRIENDLY LANE SHALIMAR FL 32579  City  City  FL  Zip Code  City  City  City  City  City  City  FL  Zip Code  City	Principal Place of Business		3. Mailing Address							
Special Country   Zp   Country   Zp   Country   Special Country	Suite, Apt #, etc.		Suite, Apt #, etc.			1st	MOORE	CR2E034	(10/04)	
S. Certificate of Status Desired   Per population   Per p	City & State		City & State			4. FEI Numbe	59-364276	8	<b>⊢</b>	
Name	Zíp			Country					Fee Require	
STROMSNESS, KAREN A 59 FRIENDLY LANE SHALIMAR FL 32579  City FL Zip Code  1. 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. Tam familiar with, and accept the obligations of registered agent, vine to bigations or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations or registered agent, vine to protected agent.  SIGNATURE    Signature	Ĺ <u> </u>	6. Name and Address of Curren	t Registered Agent	Nama		7. Name and	Address of New I	Registered .	Agent	
a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE   Separative Nymide remote or registered agent entities applicable   CROTE Registroad Agent expanded who numeratoring   DATE	59 FRIENDLY LANE			<u> </u>						
SIGNATURE   Signat	 			City				FL	Zip Cod	e
File Now!!! FEE is \$150.00   After May 1, 2005 Fee Will Be \$550.00   After May 1, 20	8. The above the obligation	e named entity submits this statement in the name of registered agent.	or the purpose of changing its	registered office	or register	ed agent, or bot	h, in the Štate of Fi	iorida, 1 am	familiar with,	and accept
### After May 1, 2005 Fae Will Be \$\$50.00   Make Check Payable to Florida Department of State   10.	SIGNATURE	Signature, typed or printed name of registered ager	tand tille if applicable (NOTE	Registored Agent sign	патьне налист	when reinstaling)	<del></del>	DATE	<del></del>	<del></del>
TITLE   PD   Delete   MAME   SIMPSON, DEBORAH G   SIMPSON, DEBORAH G   SIMPSON, DEBORAH G   SIMPSON, DEBORAH G   SIMPSON, SIMPSON, DEBORAH G   SIMPSON, SIMPSON, ROBERT W JR   Addition   Ad			96 and mark 2							
SIMPSON, DEBORAH G SIRET ADDRESS CITY-ST-ZIP UNDO DO DO STREET ADDRESS SIMPSON, ROBERT W JR SIRET ADDRESS CITY-ST-ZIP UNLE STREET ADDRESS CITY-ST-ZIP										
NAME SIRECT ADDRESS CITY-ST-ZIP  TILLE NAME SIRECT ADDRESS CITY-ST-ZIP	Make Chec	k Payable to Florida Department	of State	11.		ADDITIONS/	Trust Fund Co	ntribution	☐ Adde	ed to Fees
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Make Check 10. IIILE NAME STREET ADDRESS	k Payable to Florida Department of OFFICERS AND PD SIMPSON, DEBORAH G 76 BERWICK CIRCLE	of State D DIRECTORS	DILE NAME STREET ADDRESS	5		Trust Fund Col CHANGES TO OFF U000082	ntribution FICERS AND 92286	DIRECTOR Change	S IN 11
NAME GIRECT ADDRESS CITY- ST-ZIP  INTLE NAME STREET ADDRESS CITY- ST-ZIP  INTLE NAME STREET ADDRESS CITY- ST-ZIP  INTLE NAME STREET ADDRESS CITY- ST-ZIP  INTE NAME STREET ADDRESS CITY- ST-ZIP	Make Check  10.  IIILE  NAME  STREET ADDRESS  CHY-ST ZIP  IIILE  NAME  STREET ADDRESS	PD SIMPSON, DEBORAH G SHALIMAR FL 32579 VSD SIMPSON, ROBERT W JR 76 BERWICK CIRCLE	D DIRECTORS  Delete	NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Trust Fund Col CHANGES TO OFF U000082	ntribution FICERS AND 92286	DIRECTOR Change	S IN 11  Addition
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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