

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013385

**Entity Name:** EMERALD COAST MEDICAL TRANSPORT INC.

**Current Principal Place of Business:**

8006 HIGHPOINT ROAD  
PANAMA CITY, FL 32404

**Current Mailing Address:**

8006 HIGHPOINT ROAD  
PANAMA CITY, FL 32404 US

**FEI Number:** 04-3739332

**Certificate of Status Desired:** No

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

WILLIAMS, TOMMY S  
8006 HIGHPOINT ROAD  
PANAMA CITY, FL 32404 US

*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

**Officer/Director Detail :**

Title PCEO  
Name WILLIAMS, TOMMY SCOTT  
Address 8006 HIGHPOINT RD  
City-State-Zip: PANAMA CITY FL 32404

Title VCFO  
Name SCHNADER, JARED  
Address 93 MONTCLAIR AVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** JARED SCHNADER

CFO

02/15/2021

Electronic Signature of Signing Officer/Director Detail

Date