

2020 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 BUSINESS MANAGER
Name WILLIAMS, TOMMY SCOTT
Address 3541 T STREET
City-State-Zip: PANAMA CITY FL 32404

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

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date