

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025696

Entity Name: PERKINS NON EMERGENCY MEDICAL TRANSPORT INC

Current Principal Place of Business:

1237 SW D STREET
LAKE WORTH, FL 33460

Current Mailing Address:

865 SW MARTIN LUTHER KING BLVD
BELLE GLADE, FL 33430

FEI Number: 37-1532036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERKINS, WILL
865 SW MARTIN LUTHER KING BLVD
BELLE GLADE, FL 33430 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 PVPT
Name PERKINS, WILL
Address 1237 SW D STREET
City-State-Zip: LAKE WORTH FL 33460

Title S
Name PERKINS, JAMES M
Address 1237 SW D STREET
City-State-Zip: LAKE WORTH FL 33460

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: WILL PERKINS

OWNER

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date