## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018638

Entity Name: MED-ONE SHUTTLE, INC.

## **Current Principal Place of Business:**

960 TERESA STREET
DAYTONA BEACH, FL 32117

**Current Mailing Address:** 

P.O. BOX 730206

ORMOND BEACH. FL 32173-0206

FEI Number: 59-3546131 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACK, FRANCES 960 TERESA STREET DAYTONA BEACH, FL 32117 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

FILED Mar 30, 2016

**Secretary of State** 

CC3352170898

Officer/Director Detail:

Title PD Title TD

Name JACK, FRANCES Name WHITFIELD, PAULINE

Address 3294 WEST STATE ROAD 40 Address 3294 WEST STATE ROAD 40

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174-2537

Title D

Name STEVEN, JACK

Address 7 WHIPPER IN CIRCLE

City-State-Zip: ORMOND BEACH FL 32174-2440

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

**TREASURER** 

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date