

**2014 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

**Officer/Director Detail :**

Title PD  
Name JACK, FRANCES  
Address 3294 WEST STATE ROAD 40  
City-State-Zip: ORMOND BEACH FL 32174

Title TD  
Name WHITFIELD, PAULINE  
Address 3294 WEST STATE ROAD 40  
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

**SECRETARY**

**01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date