

2024 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 US**FEI Number:** 59-3546131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITFIELD, PAULINE
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:** PAULINE WHITFIELD

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	FRANCES JACK, TRUSTEE OF THE FRANCES JACK LIVING TRUST DATED JUNE 2, 2004
Address	P.O. BOX 730206
City-State-Zip:	ORMOND BEACH FL 32173-0206

Title	TD
Name	PAULINE WHITFIELD, TRUSTEE OF THE WHITFIELD FAMILY REVOCABLE TRUST DATED OCOTOBER 2, 2020
Address	P.O. BOX 730206
City-State-Zip:	ORMOND BEACH FL 32173-0206

Title	D
Name	STEVEN JACK, TRUSTEE OF THE JACK FAMILY REVOCABLE TRUST DATE NOVEMBER 3, 2020
Address	P.O. BOX 730206
City-State-Zip:	ORMOND BEACH FL 32173-0206

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: MED-ONE SHUTTLE, INC. PAULINE WHITFIELD**CONTROLLER**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date