FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **597819** **(2)**

1. Corporation Name
TRANSMEDIC CARRIERS, INC.

Principal Place of Business	Mailing Address
2115 COOPERS LANE **JEFFERSONVILLE IN 47130**	**2115 COOPERS LANE** **JEFFERSONVILLE IN 47130-9222**

3. Date Incorporated or Qualified: **12/19/1978**
3a. Date of Last Report: **12/18/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1871062** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEILLEUR, PAUL G.
207 CRESTWOOD LANE
HARBOR BLUFFS
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Claudia C. Gatewood — 5-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEILLEUR, PAUL G		1.2 NAME		
STREET ADDRESS	207 CRESTWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEILLEUR, MARGERY		2.2 NAME		
STREET ADDRESS	207 CRESTWOOD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MATTOX, ALFRED, M.D.		3.2 NAME		
STREET ADDRESS	6205 ORION RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GATEWOOD, CLAUDIA C		4.2 NAME		
STREET ADDRESS	1 ISLAND VIEW		4.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSONVILLE IN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOUST, PAUL G M.D.		5.2 NAME		
STREET ADDRESS	1449 A TIMBER TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Claudia C. Gatewood — 5-20-97 — 812-282-9939