

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **597819** (2)
1. Corporation Name
TRANSMEDIC CARRIERS, INC.



Principal Place of Business 2115 COOPERS LANE JEFFERSONVILLE IN 47130	Mailing Address 2115 COOPERS LANE JEFFERSONVILLE IN 47130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/19/1978	4. FEI Number 59-1871062 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SDT	NAME	MEILLEUR, PAUL G	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	207 CRESTWOOD LANE	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	LARGO FL	2.1 TITLE		2.2 NAME	
TITLE	DV	NAME	MEILLEUR, MARGERY	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	207 CRESTWOOD LANE	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	LARGO FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	D	NAME	MATTOX, ALFRED, M.D.	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	8205 ORION RD	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	LOUISVILLE KY	5.1 TITLE		5.2 NAME	
TITLE	P	NAME	GATEWOOD, CLAUDIA C	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	1 ISLAND VIEW	6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	JEFFERSONVILLE IN	6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	D	NAME	FOUST, PAUL G M.D.				
STREET ADDRESS		STREET ADDRESS	1449 A TIMBER TRAIL				
CITY - ST - ZIP		CITY - ST - ZIP	AKRON OH				
TITLE		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					

14. I 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:  3-19-98 82-282-9939

CR2E034 (10/97)