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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 671961

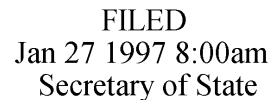
(1)

INTERHEALTH FACILITY TRANSPORT, INC.

Principa'	Place	oʻ	Busine

Mailing Address

3663 BEE RIDGE ROAD SARASOTA FL 34233 3663 BEE RIDGE ROAD SARASOTA FL 34233-1003





SANASUIA PL 34233		ONDROUIN	FL 34233-1000							
						3. Date incorporated or Qualified 06/01/1980	3a. Date of Las 03/18/1990			
2. Principal Place of Busin	ness	2a. Mailing	Address	***************************************		4. FEI Number		Applied For		
21		26				59-2001243		Not Applicable		
Suite, Apt. #, etc		Suite.	Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required		
City & State		City &	State			6. Election Campaign Financing	\$5.0	O May Be		
23		28				Trust Fund Contribution		ed to Fees		
Zφ	Country	Zip		Country	y	8. This corporation has liability for i	ntangible tax unde	r s. 199.032,		
24	25	29		30		Florida Statutes]Yes ☐ No			
9. Name	and Address of Currer	it Registered A	gent			10. Name and Address of New Re	gistered Agent			
STIPANOVICH, J M 81 Name										
501 EAST KENNEDY BOULEVARD SUITE 1700			Street Address (P.O. Box Number is Not Acceptable)							
! TAMPA FL 336	02				of our Address (1.0. box Address is Not Addeptable)					
· 1730 71 E 0000			83	83						
j				84	City		FL 85 2	ip Code		
44 D		0 1 002 45 00	Chairle Ohah A			d data				
office or registered as	gent, or Sections 607,050 gent, or both, in the State oth, and accept the oblig	of Florida, Such	h change was a	uthorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment	as registered		
SIGNATURE Signature types	any proted some of registered agr	ot and fills flappical	ole. (NOTE	Registered Ag	jent signature requi	red when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE S			DELETE	1.1 TITLE			Chan	ge L_ Addition		
	, Jackson W			1.2 NAME						
STREET ADDRESS 3663 BEE	E RIDGE RD			1.3 STREE	T ADDRESS					
City-ST-ZIP SARASOT	ra, fl 00000			1.4 CITY-	ST-ZIP					
TITLE PDT			DELETE	2.1 TITLE			Chan	e Addition		
NAME PORTER,	ALAN H			2.2 NAME				ì		
STREET ADDRESS 3663 BEE	e ridge rd			2.3 STREE	T ADDRESS					
CITY-ST-ZIP SARASO	TA, FL 00000			2.4 CITY	ST-ZIP					
TITLE			DELETE	3.1 TITLE			☐ Chan	ge 🔲 Addition		
NAME				3.2 NAME	ì			į.		
STREET ADDRESS				3.3 STREE	T ADDRESS			1		
CITY-SI-ZIP				3 4. CITY	ST-ZIP					
THLE			DELETE	41 TITLE			Chan	ge Addition		
NAME				4 2 NAMI				ł		
STREET ADDRESS				43 STREE	T ADDRESS					
CITY ST-ZIP				4.4 CITY-	ST-ZIP			ł		
TITLE			DELETE	5 1 TITLE			Chan	ge Addition		
NAMÉ				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS			į		
CITY - ST - ZIP				5.4 CITY-				1		
TITLE			DELETE	6.1 TITLE			☐ Chan	pe		
NAME				6.2 NAME				-		
STREET ADDRESS				•	T ADDRESS			ĺ		
CiTY-\$1-ZIP 14. I do hereby certify that	at the information supplie	d with this filing	does not qualif	6.4 CITY-		d in Section 119.07(3)(i), Florida Statute	s. I further certify t	hat the		

4. To necessy certify that the information supplied with this filling does not quality for the exemption istated in Section 119.07(3)(i), Horida Statutes. Frurner 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: Col.

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytime Phone #