2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671961

Entity Name: INTERHEALTH FACILITY TRANSPORT, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
3663 BEE RIDGE ROAD	

SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

3663 BEE RIDGE ROAD 610 NEWPORT CENTER DRIVE SARASOTA, FL 34233 SUITE 350 NEWPORT BEACH, CA 92660

FEI Number: 59-2001243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STIPANOVICH, J M
501 EAST KENNEDY BOULEVARD SUITE 1700
TAMPA, FL 33602 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DAVID J. CROWLEY 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

NEWPORT BEACH, CA 92660 US

Title: PDT () Delete Title: (X) Change () Addition PORTER, ALAN H, ZEHNER, RICHARD N Name: Name: 3663 BEE RIDGE RD 610 NEWPORT CENTER DRIVE, SUITE 350 Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: NEWPORT BEACH, CA 92660 US () Delete Title: () Change (X) Addition Title: Name: Name: GOFFMAN, JEFFREY A 610 NEWPORT CENTER DRIVE, SUITE 350 Address: Address: NEWPORT BEACH, CA 92660 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition BAKER, RICHARD A Name: Name: 610 NEWPORT CENTER DRIVE, SUITE 350 Address Address: City-St-Zip: City-St-Zip: NEWPORT BEACH, CA 92660 US Title: () Delete Title: SD () Change (X) Addition PHILLIPS, JR, RUSSELL D Name: Name: Address: Address: 610 NEWPORT CENTER DRIVE, SUITE 350 City-St-Zip: City-St-Zip: NEWPORT BEACH, CA 92660 US Title: Title: () Change (X) Addition () Delete CROWLEY, DAVID J Name: Name: Address: Address: 610 NEWPORT CENTER DRIVE, SUITE 350

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID J. CROWLEY AS 04/26/2007