

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000003849

1. Entity Name
**CJ CRITICAL CARE TRANSPORTATION SYSTEMS OF
FLORIDA, INC.**



Principal Place of Business
**57 ALLEGHENY COUNTY AIRPORT
WEST MIFFLIN, PA 15122**

Mailing Address
**57 ALLEGHENY COUNTY AIRPORT
WEST MIFFLIN, PA 15122**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1406130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PIETROPAULO, LAWRENCE J
STREET ADDRESS	57 ALLEGHENY COUNTY AIRPORT
CITY - ST - ZIP	WEST MIFFLIN, PA 15122
TITLE	SD
NAME	WATKINS, CHARLES B
STREET ADDRESS	150 GATEWAY TWRS, 320 FT. DUQUESNE BLVD.
CITY - ST - ZIP	PITTSBURGH, PA 15222
TITLE	TD
NAME	TITUS, ROBERT L
STREET ADDRESS	57 ALLEGHENY COUNTY AIRPORT
CITY - ST - ZIP	WEST MIFFLIN, PA 15122
TITLE	CD
NAME	SHAULIS, FRED S
STREET ADDRESS	7011 NORTH INVERGORDON ROAD
CITY - ST - ZIP	PARADISE VALLEY, AZ 85253
TITLE	D
NAME	URBAN, RANDELL L
STREET ADDRESS	AIR PLEX 281, 118 RUNWAY ROAD
CITY - ST - ZIP	FRIEDENS, PA 15541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/19/04-80046-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #