

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006936 AV

**DOCUMENT # F86004**

1. Entity Name  
**MEDICAL TRANSPORT CONSULTANTS, INC.**

FILED

02 DEC -5 PM 1:40

Principal Place of Business  
**220 S. FRANKLIN ST.  
TAMPA FL 33602**

Mailing Address  
**2015 NW 24 AVE  
GAINESVILLE FL 32605  
US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 02**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2202842**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADLOW, RICHARD B.  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)  
DATE **12/3/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PD GALLAGHER, JAMES T MD**  
STREET ADDRESS **2015 NW 24TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE NAME  Change  Addition  
**600009034396**  
**11/15/02--01096--014 \*\*750.00**

TITLE NAME  Delete  
**DST GALLAGHER, KRISTINE**  
STREET ADDRESS **2015 NW 24TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)