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Blank, Meenan, & Smith



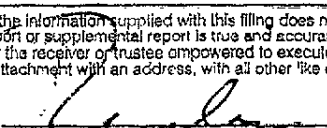
(850) 681-5715

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P. 4

Jun 24, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G12640		
1. Entity Name NON EMERGENCY MEDICAL TRANSPORT CORP.		
Principal Place of Business 5890 RODMAN STREET HOLLYWOOD, FL 33022	Mailing Address 5890 RODMAN STREET HOLLYWOOD, FL 33022	 06222004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SIEDLECKI, ROBERT J 5890 RODMAN STREET HOLLYWOOD, FL 33023		4. FEI Number 59-2617199 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIEDLECKI, ROBERT 5890 RODMAN ST HOLLYWOOD, FL	
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U00000162829 06/24/04-80001-005 158.75 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)(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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		ROBERT SIEDLECKI 6-22-04 9545206116 Date Daytime Phone #