## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12640

Entity Name: NON EMERGENCY MEDICAL TRANSPORT CORP.

FILED Apr 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5890 RODMAN STREET 5890 RODMAN STREET

HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 US

**Current Mailing Address: New Mailing Address:** 

5890 RODMAN STREET 5890 RODMAN STREET HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 US

FEI Number: 59-2617199 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:

SIEDLECKI, ROBERT . J . SIEDLECKI, ROBERT . J .P 5890 RODMAN STREET 5890 RODMAN STREET HOLLYWOOD, FL 33023 US HOLLYWOOD, FL 33023 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: ROBERT J. SIEDLECKI 04/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition PSD ( ) Delete Title:

ROBERT J. SIEDLECKI SIEDLECKI, ROBERT J PSD Name: Name: 5890 RODMAN ST 5890 RODMAN ST

Address: Address:

City-St-Zip: HOLLYWOOD, FL 33023 US City-St-Zip: HOLLYWOOD, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT J. SIEDLECKI **PSD** 04/08/2009