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**Mar 03 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G86006 (5)
1. Corporation Name
MEDICAL TRANSPORT SERVICE, INC.



Principal Place of Business: **3238 S. FLORIDA AVENUE SUITE A INVERNESS FL 34450 US**
Mailing Address: **P.O. BOX 2077 INVERNESS FL 34451-2077 US**

3. Date Incorporated or Qualified: **02/22/1984**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **59-2385385**
Applied For: Not Applicable

22 Suite, Apt. #, etc.: 27

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

23 City & State: 28

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

24 Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAFFNEY, KAREN O. ESQ
452 S. PLEASANT GROVE RD.
INVERNESS FL 34450**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* Secretary *[Signature]* **ERROK**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LONGACRE, CYNTHIA A.	
STREET ADDRESS	223 N. HEBRIDES PT.	
CITY- ST- ZIP	INVERNESS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TYNER, MARGARITE S.	
STREET ADDRESS	VASSAR AVENUE	
CITY- ST- ZIP	INVERNESS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LONGACRE, JOHN C.	
STREET ADDRESS	223 N. HEBRIDES PT.	
CITY- ST- ZIP	INVERNESS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TYNER, JAMES RALPH	
STREET ADDRESS	VASSAR AVENUE	
CITY- ST- ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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***165.00**

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* Corp Secretary *[Signature]* **John Longacre 1-10-97 3527261299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)