FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 AM 8:28

DOCUMENT # L18621

1. Corporation Name

MID-FLORIDA PATIENT TRANSPORT, INC.

Principal Place of Business
% Kevin G. Smith
101 Forest Pk Ct
Longwood, FL 32779

Mailing Address
% Kevin G. Smith
101 Forest Pk Ct
Longwood, FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1989
4. FEI Number: 59-2970284 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owns the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Smith, Kevin G.
101 Forest Pk Ct
Longwood, FL 32779

10. Name and Address of New Registered Agent
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] Kevin George Smith President 3/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	SMITH, KEVIN GEORGE	
STREET ADDRESS	101 Forest Pk Ct	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VD	[ ] DELETE
NAME	SMITH, RONALD GEORGE	
STREET ADDRESS	125 SUE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	SD	[ ] DELETE
NAME	SMITH, LISA KONKOLESKI	
STREET ADDRESS	101 Forest Pk Ct	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP [ ] Change [ ] Addition
21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP
31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP [ ] Change [ ] Addition
41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP [ ] Change [ ] Addition
51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP [ ] Change [ ] Addition
61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP [ ] Change [ ] Addition

100002823081 -- 0
-03/30/99--01027--011
****158.75 ****158.75

3/25/99

CR2E034 (11/98)

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kevin George Smith President 3/12/99 407-862-4227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR