

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

FILED

Apr 23 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L68432 (8)

1. Corporation Name
AFFORDABLE PATIENT TRANSPORT CORP.Principal Place of Business
7051 W BRIAR PATCH STREET
HOMOSASSA FL 34448
USMailing Address
BOX 3914
HOMOSASSA SPRINGS FL 34447-3914
US

3. Date Incorporated or Qualified 04/25/1990	3a. Date of Last Report 04/15/1996
4. FEI Number 59-3003802	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7791 W. LONGFELLOW ST Suite, Apt. #, etc. 22 City & State 23 HOMOSASSA, FL Zip 24 34448	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US
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9. Name and Address of Current Registered Agent

EVANS, A. GEORGE JR.
~~7051 W. BRIARPATCH ST.~~
~~HOMOSASSA FL 34448~~

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 7791 W. LONGFELLOW ST.	83	84 City HOMOSASSA	85 Zip Code FL 34448
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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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, A. GEORGE JR.	1.2 NAME	
STREET ADDRESS	7051 W. BRIARPATCH ST.	1.3 STREET ADDRESS	7791 W. LONGFELLOW ST.
CITY - ST - ZIP	HOMOSASSA FL	1.4 CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, SHEILA R.	2.2 NAME	
STREET ADDRESS	7051 W. BRIARPATCH ST.	2.3 STREET ADDRESS	7791 W. LONGFELLOW ST.
CITY - ST - ZIP	HOMOSASSA FL	2.4 CITY - ST - ZIP	HOMOSASSA, FL 34448
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

A. George Evans, Jr.

A. GEORGE EVANS, JR.

Date

Daytime Phone #

04-16-97 (352) 628-7879

CR2E034 (9/96)