


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07545 (0)

1. Corporation Name

FLORIDA MEDI VAN AMBULANCE SERVICE, INC.

Principal Place of Business

2950 NW 7TH AVENUE
MIAMI FL 33127
US

Mailing Address

2950 NW 7TH AVENUE
MIAMI FL 33127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1984

4. FEI Number

65-0223507

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ORTEGA, ANTONIO GOMEZ
2950 NW 7TH AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent

81

Name

Isabel Gomez

82

Street Address (P.O. Box Number is Not Acceptable)

7320 N. Augusta Drive

83

84

City

Miami Lakes

FL

85

Zip Code

33015

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: Isabel Gomez, Isabel Gomez President

1/20/98

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	DP	<input type="checkbox"/> DELETE
NAME	ORTEGA, ANTONIO GOMEZ	
STREET ADDRESS	2950 N.W. 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	GOMEZ-PEREZ, ISABEL	
STREET ADDRESS	7320 N AGUSTA DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BOIG, ANNA	
STREET ADDRESS	6039 COLLINS AVE. #1425	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SARA Gomez	
STREET ADDRESS	2950 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Antonio Gomez-Ortega	
1.3 STREET ADDRESS	2950 NW 7th Ave	
1.4 CITY-ST-ZIP	Miami, FL 33127	

2.1 TITLE	D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Isabel Gomez	
2.3 STREET ADDRESS	7320 N. Augusta Dr.	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33015	

3.1 TITLE	D/VPIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anna Novo	
3.3 STREET ADDRESS	6039 Collins Ave #1425	
3.4 CITY-ST-ZIP	Miami Beach, FL 33140	

4.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sara Gomez	
4.3 STREET ADDRESS	2950 NW 7th Ave	
4.4 CITY-ST-ZIP	Miami, FL 33127	

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		

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.

SIGNATURE: Isabel Gomez, Isabel Gomez Pres.

1/20/98

(305) 636-5511

CR2E034 (10/97)