

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M07545

FILED
Aug 09, 2002
Secretary of State

Entity Name: FLORIDA MEDI VAN AMBULANCE SERVICE, INC.

Current Principal Place of Business:

2950 NW 7TH AVENUE
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

2950 NW 7TH AVENUE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0223507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ISABEL
7320 N AUGUSTA DR
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ORTEGA, ANTONIO GOME, Z
Address: 2950 N.W. 7TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: DPS () Delete
Name: GOMEZ, ISABEL
Address: 7320 N AGUSTA DRIVE
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ISABEL GOMEZ

DPS

08/09/2002

Electronic Signature of Signing Officer or Director

Date