

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M72256

FILED
Apr 16, 2005
Secretary of State

Entity Name: GRANT MEDICAL TRANSPORTATION, INC.

Current Principal Place of Business:

22093 KIMBLE AVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 494317
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 58-1782427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, MICHAEL J.
22093 KIMBLE AVENUE
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, MICHAEL J.,
Address: 127 CREEK DR
City-St-Zip: PORT CHARLOTTE, FL

Title: D () Delete
Name: GRANT, LORRAINE,
Address: 127 CREEK DR
City-St-Zip: PORT CHARLOTTE, FL

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: MICHAEL J. GRANT

PRES

04/16/2005

Electronic Signature of Signing Officer or Director

Date