

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000004610

FILED
Oct 03, 2014
Secretary of State

Entity Name: INTENSIVE MEDICAL TRANSPORT INC.

Current Principal Place of Business:

614 E. HWY 50 SUITE 220
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E. HWY 50 SUITE 220
CLERMONT, FL 34711

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, MICHAEL J
614 E. HWY 50 SUITE 220
CLERMONT, FL 34711 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: MICHAEL SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SMITH, MICHAEL J
Address: 614 E. HWY 50 SUITE 220
City-St-Zip: CLERMONT, FL 34711

Title: DVP
Name: SMITH, MELISSA D
Address: 614 E. HWY 50 SUITE 220
City-St-Zip: CLERMONT, FL 34711

Title: DS
Name: DERWIN, CATHY
Address: 614 E. HWY 50 SUITE 220
City-St-Zip: CLERMONT, FL 34711

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SMITH

CEO

10/03/2014

Electronic Signature of Signing Officer or Director

Date