

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000046341

Entity Name: U.S. MEDICAL TRANSPORT, INC.

**FILED**  
**May 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2311 MINNESOTA AVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

4843 MCCALL LN.  
PANAMA CITY, FL 32404

**Current Mailing Address:**

PO BOX 629  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-3721067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILBUR, MYKA E  
2311 MINNESOTA AVE  
LYNN HAVEN, FL 32444 US

**Name and Address of New Registered Agent:**

KUNICKI, TAUZZIA E  
4843 MCCALL LN.  
PANAMA CITY, FL 32404 US

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: TAUZZIA KUNICKI

05/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: WILBUR, WILLIAM C  
Address: 2311 MINNESOTA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SC ( ) Delete  
Name: WILBUR, MYKA E  
Address: 2311 MINNESOTA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: KUNICKI, TAUZZIA E  
Address: 4843 MCCALL LN.  
City-St-Zip: PANAMA CITY, FL 32404

Title: SC (X) Change ( ) Addition  
Name: BEATTY, RYAN M  
Address: 4843 MCCALL LN.  
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAUZZIA KUNICKI

PT

05/28/2008

Electronic Signature of Signing Officer or Director

Date