

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 11:58

DOCUMENT # P0100005791

1. Corporation Name

Prime Medical Services, Inc.

Principal Place of Business

Mailing Address

300024962113
11/24/03 - 01026-017 **900.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06-11-2001

2. Principal Place of Business

2a. Mailing Address

21 526 NW 57 Ave.

26 526 NW 57 Ave

4. FEI Number

05-1117605

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip 33126 25 Country USA

29 Zip 33126 30 Country USA

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jesus A. Garces
526 W. 57 Ave
Miami, FL 33126

81 Name

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

526 N.W. 57th Ave

83

84 City

MIAMI

FL

85 Zip Code 33126

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:

Signature of or bonded name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/07/2003

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 1.1 TITLE
NAME 1.2 NAME
STREET ADDRESS 1.3 STREET ADDRESS
CITY-ST-ZIP 1.4 CITY-ST-ZIP
Jesus A. Garces
526 W 57 Ave
Miami, FL 33126

☐ Change ☐ Addit

TITLE 2.1 TITLE
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP

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TITLE 3.1 TITLE
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP

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TITLE 4.1 TITLE
NAME 4.2 NAME
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TITLE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP

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TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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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 of 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1/10/03

Date

Daytime Phone