

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120971

FILED
Jan 22, 2004
Secretary of State

Entity Name: ALL-MED PATIENT TRANSPORT, INC.

Current Principal Place of Business:

5200 WELLINGTON PARK CIRCLE, CH5
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 90303
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 01-0751493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, TONY
5003 ELON CRESCENT
LAKELAND, FL 33810 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: DPS () Delete
Name: HARRISON, TONY
Address: 5003 ELON CRESCENT
City-St-Zip: LAKELAND, FL 33810

Title: DVPT () Delete
Name: ROWE, PAUL
Address: 5200 WELLINGTON PARK CIRCLE, CH5
City-St-Zip: ORLANDO, FL 32839

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: PAUL ROWE

VP

01/22/2004

Electronic Signature of Signing Officer or Director

Date