[redacted]

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-13-2003 90057 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000120971

1. Entity Name
ALL-MED PATIENT TRANSPORT, INC.

55050440

Principal Place of Business
5200 WELLINGTON PARK CIRCLE, CH5
ORLANDO, FL 32839

Mailing Address
5200 WELLINGTON PARK CIRCLE, CH5
ORLANDO, FL 32839

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 90303
Suite, Apt. #, etc.:	Suite, Apt. #, etc.
City & State	City & State: Lakeland, Fl
Zip / Country	Zip: 33804 / Country: USA

4. FEI Number 01-0751493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, TONY 6248 WELLINGTON PARK CIRCLE, A47 ORLANDO, FL 32839	Name: Tony Harrison Street Address (P.O. Box Number is Not Acceptable): 5003 Elon Cresent City: Lakeland FL Zip Code: 33810

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tony Harrison [signature] 6-10-03
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS HARRISON, TONY 6248 WELLINGTON PARK CIRCLE, #A47 ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Harrison, Tony 5003 Elon Crescent Lakeland, Fl 33810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT ROWE, PAUL 5200 WELLINGTON PARK CIRCLE, CH5 ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6-10-03 407-832-1693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment [redacted] 55050440

P02000120971

All-Med Patient Transport, Inc

P.O. Box 90303
Lakeland, Fl 33804
Tel: 863-528-4615
Fax: 877-485-8097

June 10, 2003

To Whom It May Concern:

I did not receive my letter of reinstatement from the Department of State Division of Corporations. I have spoken with a representative from the department who intern asked that I submit this letter with a check requested that all fees be waived due to non-receipt of any letters from your department.

Thank You in advance,

Sincerely,

Signature

Doc# - P-02000120971 ***Tax Id# 01-0751493***