

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134098

FILED
Apr 30, 2006
Secretary of State

Entity Name: MEDICAL TRANSPORT NETWORK INC

Current Principal Place of Business:

3052 SW 4 AV
SUITE D
FT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

3052 SW 4 AV
SUITE D
FT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 54-2094986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TESINI, SUSAN
590 SABAL PALM RD
MIAMI, FL 33137 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: D () Delete
Name: TESINI, ALLAN
Address: 590 SABAL PALM RD
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: TESINI, ALLAN
Address: 590 SABAL PALM RD
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLAN TESINI

D

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date