

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90458 011 ***150.00

DOCUMENT # P03000023609

1. Entity Name
QUALITY MEDICAL TRANSPORTATION, INC.



Principal Place of Business

2040 NE 163 ST.
MIAMI, FL 33102

Mailing Address

2040 NE 163 ST.
MIAMI, FL 33102

2. Principal Place of Business

1398 NE 191st

Suite, Apt. #, etc.
204

3. Mailing Address

1398 NE 191st

Suite, Apt. #, etc.
204

04282005

Chg-P

CR2E034 (10/03)



City & State

N Miami FL

Zip
33179

Country

City & State

N Miami Beach FL

Zip
33179

Country

4. FEI Number

56-2327557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOUVCHINNIKOV, SERGUEI
1000 PARKVIEW DRIVE #525
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name Vladimir Zinoviev

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

1398 NE 191st, apt 204

City North Miami Beach FL Zip Code 33179

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME KOUVCHINNIKOV, SERGUEI
STREET ADDRESS 1000 PARKVIEW DRIVE #525
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

TITLE VT
NAME ZINOVIEV, VLADIMIR
STREET ADDRESS 1000 PARKVIEW DRIVE #525
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VLADIMIR ZINOVIEV