

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095160

FILED
Feb 13, 2004
Secretary of State

Entity Name: BRAWN MOBILE MEDICAL TRANSPORT, INC.

Current Principal Place of Business:

23226 DOVER DRIVE
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

23226 DOVER DRIVE
LAND O'LAKES, FL 34639

New Mailing Address:

PO BOX 1717
LAND O'LAKES, FL 34639

FEI Number: 20-0185923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD, JEFFREY A
3016 US HIGHWAY 301 N
SUITE 900
TAMPA, FL 33619 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: PTD () Delete
Name: BRAWN, BRENDA L
Address: 23226 DOVER DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: VS () Delete
Name: BRAWN, RICHARD J
Address: 23226 DOVER DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

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: BRENDA L BRAWN

PTD

02/13/2004

Electronic Signature of Signing Officer or Director

_____ Date