2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 09, 2005
Secretary of State

DOCUMENT# P04000056222

Entity Name: PEELER MEDICAL TRANSPORT, INC.

Current Principal Place of Business:

6139 SW SR 47
LAKE CITY, FL 32024

New Principal Place of Business:

3367 S U.S. HWY 441
SUITE 102
LAKE CITY, FL 32025

Current Mailing Address:

6139 SW SR 47
LAKE CITY, FL 32024

New Mailing Address:

3367 S U.S. HWY 441
SUITE 102
LAKE CITY, FL 32025

FEI Number: 20-1023008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEELER, KATHRYN E
6139 SW SR 47
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

PEELER, WILLIAM C
3367 S U.S. HWY 441
SUITE 102
LAKE CITY, FL 32025 US

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: WILLIAM C. PEELER 08/09/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEELER, KATHRYN E
Address: 6139 SW SR 47
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: MARKHAM, GLENDA P
Address: 122 NW SAMNE CT
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: KENNEDY, CARLINE P
Address: 425 SW SEVILLE PL
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEELER, WILLIAM C
Address: 3367 S U.S. HWY 441 SUITE 102
City-St-Zip: LAKE CITY, FL 32025

Title: TS (X) Change ( ) Addition
Name: PEELER, PATRICIA T
Address: 3367 S U.S. HWY 441 SUITE 102
City-St-Zip: LAKE CITY, FL 32025

Title: VP (X) Change ( ) Addition
Name: KENNEDY, CARLINE P
Address: 3367 S U.S. HWY 441 SUITE 102
City-St-Zip: LAKE CITY, FL 32025

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: WILLIAM C. PEELER P 08/09/2005
Electronic Signature of Signing Officer or Director Date