2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P04000056222

Entity Name: PEELER MEDICAL TRANSPORT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KENNEDY, CARLINE
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: CARLINE P. KENNEDY 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CARLINE P. KENNEDY P 04/27/2009
Electronic Signature of Signing Officer or Director Date