

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056222

FILED  
Apr 26, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARLINE P KENNEDY

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04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date