

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153664

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: MAC TRAN MEDICAL TRANSPORT, INC.

**Current Principal Place of Business:**

10660 SW 21ST STREET  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

10660 SW 21ST STREET  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 03-0550351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCALLA, MONICA  
10660 SW 21ST  
MIRAMAR, FL 33025      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCCALLA, BASIL  
Address: 10660 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: D      ( ) Delete  
Name: MCCALLA, MONICA  
Address: 10660 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: D      ( ) Delete  
Name: MCCALLA, ROBERTO  
Address: 2325 SW 82 WAY  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D      ( ) Delete  
Name: MCCALLA, RYAN  
Address: 10660 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: MCCALLA, ROHAN  
Address: 3667 WILDERNESS WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MONICA MCCALLA

D

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date