

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153664

FILED
Apr 29, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: MCCALLA, ROHAN
Address: 3667 WILDERNESS WAY
City-St-Zip: CORAL SPRINGS, FL 33065

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: MONICA MCCALLA

D

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date