2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033682

OCALA, FL 34472

City-St-Zip:

Entity Name: MARION COUNTY ADULT TRANSPORT, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
HAMPTON 1731 SW 2 OCALA, FI	2ND AVE SUIT	_ -			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
HAMPTON PO BOX 7 OCALA, FI					
FEI Number:	: 20-2428709	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ST. PETER	TŘAL AVENUI RSBURG, FL	33710 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car		3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS:	•	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name:	JOHNSEN, PEI 3220 SE 20TH OCALA, FL 34	AVE 471 US) Delete	Title: Name: Address: City-St-Zip: Title: Name:	() Change () Addition () Change () Addition	
Address:	42 SE 62ND AV		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: PEDER JOHNSEN PTD 05/01/2009