

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048409

FILED
Jun 16, 2006
Secretary of State

Entity Name: ABET MEDICAL TRANSPORTATION, INC.

Current Principal Place of Business:

4091 NW 46 WAY
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

1961 OAKMONT TERRACE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 20-2613988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, GEORGE
1961 OAKMONT TERRACE
CORAL SPRINGS, FL 33071 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: P D () Delete
Name: HORTON, GEORGE
Address: 1961 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: HORTON, JOSEPH
Address: 1961 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S T () Delete
Name: HORTON, KATHLEEN
Address: 1961 OAKMONT TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE HORTON

PD

06/16/2006

Electronic Signature of Signing Officer or Director

Date