

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064546

Entity Name: M. C. MEDICAL TRANSPORTATION, INC.

FILED  
Aug 16, 2006  
Secretary of State

## Current Principal Place of Business:

3200 N. MILITARY TRAIL  
SUITE 201  
BOCA RATON, FL 33431

## New Principal Place of Business:

950 PENINSULA CORPORATE CIR  
SUITE 2000  
BOCA RATON, FL 33487

## Current Mailing Address:

3200 N. MILITARY TRAIL  
SUITE 201  
BOCA RATON, FL 33431

## New Mailing Address:

950 PENINSULA CORPORATE CIR  
SUITE 2000  
BOCA RATON, FL 33487

FEI Number: 01-0836254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAIR, SHAWNE W  
3200 N. MILITARY TRAIL  
SUITE 201  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

BLAIR, SHAWNE W  
950 PENINSULA CORPORATE CIR  
SUITE 2000  
BOCA RATON, FL 33487 US

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: SHAWNE W. BLAIR

08/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FERNANDEZ, CLARA  
Address: 3200 N. MILITARY TRAIL, SUITE 201  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FERNANDEZ, CLARA  
Address: 950 PENINSULA CORPORATE CIR, #2000  
City-St-Zip: BOCA RATON, FL 33487

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: CLARA FERNANDEZ

D

08/16/2006

Electronic Signature of Signing Officer or Director

Date