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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400880292

DOCUMENT # P06000027707

1. Entity Name
PRECISION MEDICAL TRANSPORT SERVICES, INC.

04032007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2000 NW 15TH AVE~~ MIAMI, FL 33169	~~2000 NW 15TH AVE~~ MIAMI, FL 33169

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20000 N.W. 15TH AVE	20000 N.W. 15TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOPKINS, TIAMARIO 2000 NW 15TH AVE MIAMI, FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tiamario Hopkins 4/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOPKINS, TIAMARIO 2000 NW 15TH AVE MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Hopkins, Tiamario 20000 N.W. 15 AVE Miami, FL 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CASON, GLORIA 2000 NW 15TH AVE MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Cason Gloria 20000 N.W. 15 AVE Miami, FL 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CASON, WILBERT 2000 NW 15TH AVE MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Cason, Wilbert 20000 N.W. 15 AVE Miami, FL 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GORDON, SUSAN 6940 NW 12TH CT MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 5/29/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tiamario Hopkins 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #