

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036416

FILED
May 03, 2010
Secretary of State

Entity Name: ALLIED MEDICAL TRANSPORT INC.

Current Principal Place of Business:

4620 NORTH STATE ROAD 7
205
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4620 NORTH STATE ROAD 7
205
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 20-4482434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, ROWE
4620 NORTH STATE ROAD 7
205
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

PAULINE, HEARNE E
4620 NORTH STATE ROAD 7
205
LAUDERDALE LAKES, FL 33319 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: PAULINE HEARNE

05/03/2010

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
Name: ROWE, RASHELLE
Address: 4620 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP
Name: DESVALLONS, CHERLEY
Address: 4620 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S
Name: HERNANDEZ, DIANDRE
Address: 4620 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: RASHELLE ROWE

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date