

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036416

**FILED**  
**Mar 31, 2011**  
**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:**

5896 RODMAN STREET  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

4620 NORTH STATE ROAD 7  
205  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

5896 RODMAN STREET  
HOLLYWOOD, FL 33023

**FEI Number:** 20-4482434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ROWE, WAYNE E  
4139 ARTESA DRIVE  
BOYNTON BEACH, FL 33436 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: WAYNE ROWE

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROWE, RASHELLE  
Address: 4139 ARTESA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

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

03/31/2011

Electronic Signature of Signing Officer or Director

Date