


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P06000080158	
1. Entity Name AMEDITRANS, INCORPORATED	

Principal Place of Business 4075 TAMiami TrL. PORT CHARLOTTE, FL 33952	Mailing Address 4075 TAMiami TrL. PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE

03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4931601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TESTASECCA, JAMES 13971 EAGLE RIDGE LAKES DRIVE, #201 FORT MYERS, FL 33912	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, CHARLES B 2534 STAGNARO ROAD NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENOYER, RONALD G 15260 BRIARCLIFF CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TESTASECCA, JAMES 13971 EAGLE RIDGE LAKES DRIVE, #201 FORT MYERS, FL 33912
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04/08/08-80097-002 150.00

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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: 	James Testasecca	3-21-08	239
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

561-0755