

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000080158

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** AMEDITRANS, INCORPORATED

**Current Principal Place of Business:**

4075 TAMiami TrL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2311 SW 16TH TERRACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 20-4931601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TESTASECCA, JAMES  
2311 SW 16TH TERRACE  
CAPE CORAL, FL 33991 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MORENO, CHARLES B  
**Address:** 2534 STAGNARO ROAD  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** V  
**Name:** KENOYER, RONALD G  
**Address:** 15260 BRIARCLIFF CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** CFO  
**Name:** TESTASECCA, JAMES  
**Address:** 2311 SW 16TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33991

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:** JAMES TESTASECCA

CFO

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date