

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025696

FILED
Jul 19, 2008
Secretary of State

Entity Name: PERKINS NON EMERGENCY MEDICAL TRANSPORT INC

Current Principal Place of Business:

1237 SW D STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1237 SW D STREET
LAKE WORTH, FL 33460

New Mailing Address:

865 SW MARTIN LUTHER KING BLVD
BELLE GLADE, FL 33430

FEI Number: 37-1532036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, WILL
1237 SW D STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

PERKINS, WILL
865 SW MARTIN LUTHER KING BLVD
BELLE GLADE, FL 33430 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: WILL PERKINS

07/19/2008

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 () Delete
Name: PERKINS, WILL
Address: 1237 SW D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPT (X) Change () Addition
Name: PERKINS, WILL
Address: 1237 SW D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Change (X) Addition
Name: PERKINS, JAMES M
Address: 1237 SW D STREET
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILL PERKINS

P

07/19/2008

Electronic Signature of Signing Officer or Director

Date