2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000096652

Entity Name: GREAT MEDICAL TRANSPORTATION CORP

FILED Oct 27, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5930 SW 94 PL 10935 SW 55 ST MIAMI, FL 33173 MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

5930 SW 94 PL 10935 SW 55 ST MIAMI, FL 33173 MIAMI, FL 33165

FEI Number: 26-0805061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RODRIGUEZ, MARTHA
5930 SW 94 PL
MIAMI, FL 33173 US

RODRIGUEZ, KENIA
10935 SW 55 ST
MIAMI, FL 33165 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: KENIA RODRIGUEZ 10/27/2008

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 Title: PD (X) Change () Addition RODRIGUEZ, MARTHA Name: RODRIGUEZ, KENIA

 Name:
 RODRIGUEZ, MARTHA
 Name:
 RODRIGUEZ, KEN

 Address:
 5930 SW 94 PL
 Address:
 10935 SW 55 ST

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33165

Title: VP () Delete Title: SD (X) Change () Addition Name: RODRIGUEZ, KENIA Name: RODRIGUEZ, JORGE

 Name:
 RODRIGUEZ, KENIA
 Name:
 RODRIGUEZ, JOR:

 Address:
 5930 SW 94 PL
 Address:
 10935 SW 55 ST

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33165

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: KENIA RODRIGUEZ PD 10/27/2008