

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000025255

FILED
Feb 22, 2011
Secretary of State

Entity Name: PATIENT TRANSFER SERVICE, INC.

Current Principal Place of Business:

1451 W. CYPRESS CREEK RD., #300
FT. LAUDERDALE, FL 33039

New Principal Place of Business:

Current Mailing Address:

1451 W. CYPRESS CREEK RD., #300
FT. LAUDERDALE, FL 33039

New Mailing Address:

913 FOXWOOD CREST
BELLE RIVER, ON N0R1A0

FEI Number: 68-0680162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVARD, JASON
1451 W. CYPRESS CREEK RD, #300
FT. LAUDERDALE, FL 33039 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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: RIVARD, JASON
Address: 913 FOXWOOD CREST
City-St-Zip: BELLE RIVER, ON N0R1A0

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: JASON RIVARD

PTSD

02/22/2011

Electronic Signature of Signing Officer or Director

Date