

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063657

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** NEW ATTITUDE MEDICAL TRANSPORT SERVICES, INC.

**Current Principal Place of Business:**

540 SW FEDORA WAY  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 7104  
LAKE CITY, FL 320567104

**New Mailing Address:**

P.O.BOX 7104  
LAKE CITY, FL 32055

**FEI Number:** 45-2699193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTON, JUANITA D  
540 SW FEDORA WAY  
LAKE CITY, FL 32025 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:** PRES  
**Name:** WESTON, JUANITA D  
**Address:** 540 SW FEDORA WAY  
**City-St-Zip:** LAKE CITY, FL 32025

**Title:** VP  
**Name:** COMBS, TSCHARNA  
**Address:** 542 SW FEDORA WAY  
**City-St-Zip:** LAKE CITY, FL 32025

**Title:** ST  
**Name:** SOMMONS, ALIYATTA P  
**Address:** 1105 FORT CLARKE BLVD, APT#713  
**City-St-Zip:** GAINESVILLE, FL 32606

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:** JUANITA D. WESTON

PRES

04/16/2012

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

\_\_\_\_\_  
Date