FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

| 1 | IAL REPORT | DI | Sandra B. Morl Secretary of S VISION OF CORPO | | | | |
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| OCUN Corporation | MENT # P920 | 0000105 | 49 (3) | | | | |
| MED | TRANSPORT INC. | | | | I IOCINAGO NEC IDINO MON ACIM O | 1841 18 11 1848 1 18 4 818 1 1 | |
| incipal Place | of Rueinose | Maling Addr | ODE | | | | |
| · | TH STREET. #429 | 4700 NM | 4700 NW 7TH STREET. #429 MIAMI FL 33126-2259 | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/09/1992 | 3a. Date of Last Re 01/25/1 | |
| Principal Pla | nce of Business | 2a. Mailing A | ddress | | 4. FEI Number | l | Applied For |
| | | 26 | | | 65-0375571 | | Not Applicable |
| Suite, Apt. # | ₹, etc | Suite, Ap | t. #, etc. | | 5. Certificate of Status Desired | 1 1 | Additional Required |
| City & State | • | City & Sta | ate | | Election Campaign Financing Trust Fund Contribution | | O May Be d to Fees |
| Zg) | Country 25 | Zip 29 | 30 | Country | 8. This corporation has liability for Florida Statutes | intangible tax under s | 199.032, |
| | 9. Name and Address of Cur | 4~~ | | T | 10. Name and Address of New F | | |
| SUITE MIAMI | 200 FL 33145 | (Address | | 83 | 1 | | |
| | | , chmix | ر کوسو | 84 City | JAM/ | FL 85 Zip | p Code |
| or registere familiär wit GNATURE | ed agent, or both, in the State of F in, and accept the obligations of, S | Torida. Such change v Section 607.0505, Flor | vas authorized by thi ida Statutes. | ahove-named corpo | pration submits this statement for the pu and of directors. I hereby accept the app | rroose of changing its r | egistered offic |
| or registere familiar wit GNATURI | ed agent, or both, in the State of F in, and accept the obligations of, S Signature, type on prime transformations of OF FIGLAS | Torida, Such change v Section 607.0505, Flor agent and the frapacable AND DIRECTORS | vas authorized by thica Statutes. (NOTE Regist | above-named corporation's bo | ard of directors. I hereby accept the app | rpose of changing its recointment as registered | egistered offic agent. I am |
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62 NAME

63 STREET ADDRESS

CHY-SI-7iP

14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated of this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters or an attactment with an address. 445-0048

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR