SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:27

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000028055 (0)**

1. Corporation Name
PATIENT TRAVEL CARE PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
% RONALD & JOYCE RILEY 960 NE 131ST STREET NORTH MIAMI FL 33161	% RONALD & JOYCE RILEY 960 NE 131ST STREET NORTH MIAMI FL 33161

Am Mabat

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 960 NE 131ST	2a. Mailing Address 26
Suite, Apt. #, etc. 22 NORTH MIAMI FL 33161	Suite, Apt. #, etc. 27
City & State 23 FLORIDA	City & State 28
Zip / Country 24 33161-4954 25 DADE	Zip / Country 29 30

3. Date Incorporated or Qualified 04/13/1993	3a. Date of Last Report 12/08/1994
4. FEI Number 59-3177216	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

STEPHAN, REINHARD G
% PLEUS ADAMS DAVIS & SPEARS, P.A.
940 HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: STEPHAN REINHARD G
82 Street Address (P.O. Box Number is Not Acceptable): ATTORNEY AT LAW
83: 2699 Lee ROAD Ste 540
84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ronald Riley RONALD RILEY PVD 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS, IN U
TITLE	PVD	11 TITLE
NAME	RILEY, RONALD ALAN SR	12 NAME
STREET ADDRESS	960 NE 131ST STREET	13 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33161	14 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE	STD	21 TITLE
NAME	RILEY, JOYCE FAY	22 NAME
STREET ADDRESS	960 NE 131ST STREET	23 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI FL 33161	24 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
		☐ Change ☐ Addition
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

CR2E034 (3/95)

14. I do 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)(i), Florida Statutes. I further certify that the information indicated on 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 corporation or 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 changed, or on an attachment with an address.

SIGNATURE: Ronald Riley JOYCE FAY RILEY STD RONALD RILEY PVD 6/8/95 305 8733096
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084345 CP