FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047919 (4)

FILED Jan 29 1998 8:00am Secretary of State

D.G. N	MEDICAL TRANSPORT, INC.				
Principal Plac	of Business	Molling Address			
}		Mailing Address	_		
9631 FUNIA 603	INEBLEU BLVD	9531 FONTAINEBLEU BLVC	,		
MIAMI FL 33	172	MIAMI FL 33172		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				07/09/1993	
L • '	Place of Business	2a. Mailing Address	G	4. FEI Number Applied For	
21 70/1 Suite, Apt.	W. FLAGLER	26 4011 W - FLA	BLEK SI.	65-0424258 Not Applicab	
22 Suste	£ 503	27 CUITE 50.	3	5. Certificate of Status Desired Fee Required	
City & Stat		City & State	K.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 (3313	34 25 US	29 33134 3	10 US	Personal Property Tax due June 30. 🔀 Yes 🗌 No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
GONZALEZ, DANIEL S				CONTALEZ DANTEL CLO TAY & CO.	
2923 NW 7 ST			82 Street	Address (P.O. Box Number is Not Acceptable)	
1			83	4011 W. FLAGLER ST. 503	
	MIAMI FL 33125 83 ADII W. FLAGLER ST. 503 84 City M. TAMI FL 85 Zip Code 33134 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, and accept the obligations of, Section 607.0505, Florida Statutes.				
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					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature	o required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST OFFICERS AND	LA DELETE	1.1 7ITLE	Change Addition	
NAME	GONZALEZ, DANIEL S		1.2 NAME		
STREET ADDRESS	2923 NW 7TH STREET		1.3 STREET ADDRESS	4011 W. FLAGIER ST. MIAMI, Fl. 33134	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	,	
TITLE	DV	DELETE	2.1 THILE	Change Addition	
NAME	BRESNINAN, CAROL		2.2 NAME		
STREET ADDRESS	2923 NW 7TH STREET		2.3 STREET ADDRESS	YOH W. FIACLER ST. MIAMI, Fl. 33/34	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - 2(P		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Additio	
NAME			: 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CiTY - ST - ZiP	Change Addition	
TITLE			4.1 TITLE 4.2 NAME	The cusuals and adding	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	5.1 TITLE	☐ Change ☐ Additio	

14. I hereby certify that the information supplied with this filing 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

11/09/98

Change

Addition