FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053661 (3)**

1. Corporation Name
UNITED MEDICAL TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4727 SW 74 AVENUE MIAMI FL 33155	4727 SW 74 AVENUE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1993**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21: 1225 SW 27 Ave
2a. Mailing Address — 26: 1225 SW 27 Ave
4. FEI Number: **65-0429925** ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23: City & State: Miami FL
28: City & State: Miami FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24: Zip: 33155 — 25: County: Dade
29: Zip: 33155 — 30: County: Dade
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARRERO, RAMIRO JR
4727 SW 74 AVENUE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
01 Title	PD	1.1 Title	☐ Change ☐ Addition
02 Name	MARRERO, RAMIRO JR	1.2 Name	
03 Street Address	260 COCO PLUM RD.	1.3 Street Address	
04 City St Zip	CORAL GABLES FL 33143	1.4 City St Zip	
05 Title	VD	2.1 Title	☐ Change ☐ Addition
06 Name	MARRERO, RAYME	2.2 Name	
07 Street Address	260 COCO PLUM RD.	2.3 Street Address	
08 City St Zip	CORAL GABLES FL 33143	2.4 City St Zip	
09 Title	TD	3.1 Title	☐ Change ☐ Addition
10 Name	ROJAS, JESUS	3.2 Name	
11 Street Address	480 E 36 ST	3.3 Street Address	
12 City St Zip	HIALEAH FL	3.4 City St Zip	
13 Title	SD	4.1 Title	☐ Change ☐ Addition
14 Name	CAMPS, LOURDES	4.2 Name	
15 Street Address	260 COCO PLUM RD.	4.3 Street Address	
16 City St Zip	CORAL GABLES FL 33143	4.4 City St Zip	
17 Title		5.1 Title	☐ Change ☐ Addition
18 Name		5.2 Name	
19 Street Address		5.3 Street Address	
20 City St Zip		5.4 City St Zip	
21 Title		6.1 Title	☐ Change ☐ Addition
22 Name		6.2 Name	
23 Street Address		6.3 Street Address	
24 City St Zip		6.4 City St Zip	

14. I 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 above, or on an attachment with an address.

SIGNATURE: By Raymie Marrero. 4/26/95 (305) 541-7822 (305) 874-0823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0184171 CP