

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000053661 (3)

1. Corporation Name
UNITED MEDICAL TRANSPORTATION, INC.



Principal Place of Business

1225 SW 27ND AVE
MIAMI FL 33135
US

Mailing Address

1225 SW 27 AVE
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/28/1993

4. FEI Number

65-0429925

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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

Marrero, Ramiro Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1225 S.W. 27th Avenue

83

84 City

Miami

FL

85 Zip Code
33135

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

Ramiro Marrero

RAYME MARRERO

VICE PRESIDENT

4-1-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARRERO, RAMIRO JR
STREET ADDRESS 260 COCO PLUM RD.
CITY-ST-ZIP CORAL GABLES FL 33143

☐ DELETE

TITLE VD
NAME MARRERO, RAYME
STREET ADDRESS 260 COCO PLUM RD.
CITY-ST-ZIP CORAL GABLES FL 33143

☐ DELETE

TITLE TD
NAME ROJAS, JESUS
STREET ADDRESS 480 E 36 ST
CITY-ST-ZIP HIALEAH FL

☒ DELETE

TITLE SD
NAME CAMPS, LOURDES
STREET ADDRESS 260 COCO PLUM RD.
CITY-ST-ZIP CORAL GABLES FL 33143

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME MARRERO, RAMIRO JR
1.3 STREET ADDRESS 260 Cocoplum RD.
1.4 CITY-ST-ZIP Coral Gables, FL 33143

☒ Change ☐ Addition

2.1 TITLE VTD
2.2 NAME MARRERO, RAYME
2.3 STREET ADDRESS 14351 LEANING PINE DR.
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)