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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:50

DOCUMENT # P93000057743 (5)

1. Corporation Name

GULF COAST PATIENT TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 625 MILTON FL 32572-	P.O. BOX 625 MILTON FL 32572-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21 516 ELRA STREET
22 Suite, Apt. #, etc
23 City & State: MILTON FL 32572
24 Zip: 32572
25 County: SANTA

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 County

4. FEI Number: [redacted] 86-0789074 ☐ 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

SLOAN, JACK R
516 ELVA STREET
MILTON FL 32570

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANSCHOT, ROBERT	12 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	13 STREET ADDRESS	
CITY ST ZIP	SCOTTSDALE AZ	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BOLIN, JAMES	22 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	23 STREET ADDRESS	
CITY ST ZIP	SCOTTSDALE AZ	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JECKEL, LOU	32 NAME	
STREET ADDRESS	8401 E. INDIAN SCHOOL RD.	33 STREET ADDRESS	
CITY ST ZIP	SCOTTSDALE AZ	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: S/ [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-800 852-2309
Daytime Phone #

0471110 FP