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 MAY 26 AM 9:37

DOCUMENT # **P94000020500 (2)**

1. Corporation Name
MEDI-TRANSPORTATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1760 CORAL WAY. STE. 2 MIAMI FL 33145	1760 CORAL WAY. STE. 2 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1830 Ponce de Leon Blv	26 1830 Ponce de Leon
Suite, Apt. #, etc. 22 suite 201	Suite, Apt. #, etc. 27 suite 201
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0474202 ☐ 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	10. Name and Address of New Registered Agent
NUNEZ, ALEJANDRO 2307 DOUGLAS ROAD, STE. 200 MIAMI FL 33145	81 Name: NUNEZ, ALEJANDRO 82 Street Address (P.O. Box Number is Not Acceptable): 6361 SUNSET DRIVE 83 84 City: SOUTH MIAMI FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 607.0505 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 date (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President	☐ Change ☐ Addition
NAME	NUNEZ, ALEJANDRO	12 NAME	NUNEZ, ALEJANDRO	
STREET ADDRESS	2307 DOUGLAS ROAD., STE. 200	13 STREET ADDRESS	6361 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	DTS	21 TITLE	Treasurer/Secretary	☐ Change ☐ Addition
NAME	SCHUSS, WILLIAM C	22 NAME	SCHUSS, WILLIAM C.	
STREET ADDRESS	3042 SHIPPING AVE.	23 STREET ADDRESS	3042 SHIPPING AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP	COCONUT GROVE, FLORIDA	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: _____ 5/, EVP 6680660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Corporate Seal)

0150065 CP