

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

FILED
May 21 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020500
1. Corporation Name

MEDI-TRANSPORTATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1607 Ponce de Leon Blvd. Suite 101 Coral Gables, FL 33134	1607 Ponce de Leon Blvd. Suite 101 Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0474202	Not Applicable
22	27	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

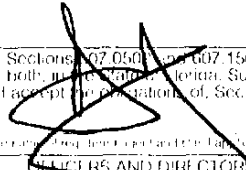
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEJANDRO NUNEZ, ESQ.
1607 Ponce de Leon Blvd.
Suite 101
Coral Gables, FL 33134

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 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE:  Alejandro Nunez, Esq. 04/28/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

14. I hereby certify that the information furnished in 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 is complete and that the report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent 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:

Alejandro Nunez 4/28/98 (305) 774-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Number #

CR2E034 (10/97)