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 JAN 31 AM 10:06

DOCUMENT # P94000024704 (6)

1. Corporation Name
HIALEAH MEDICAL TRANSPORT, INC.

Principal Place of Business	Mailing Address
321 BIRD RD. MIAMI FL 33146	321 BIRD RD. MIAMI FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 737 EAST 10 ST
26 2a. Mailing Address: 737 EAST 10 ST
4. FEI Number: 65-0431062 ☐ 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: HIALEAH, FLORIDA
28 City & State: HIALEAH, FLORIDA
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 33010 25 Country:
29 Zip: 33010 30 Country:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANTANDER R., MARTA
321 BIRD RD.
MIAMI FL 33146

10. Name and Address of New Registered Agent

81 Name: MARIA C. SPINOLA
82 Street Address (P.O. Box Number is Not Acceptable):
83: 737 EAST 10 ST
84 City: HIALEAH FL 85 Zip Code: 33010

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: Maria C. Spinola 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SPINOLA, MARIA C	1.2 NAME	
STREET ADDRESS	4480 S.W. 5TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V.P. ☒ Change ☐ Addition
NAME	SANTANDER R., MARTA	2.2 NAME	RAMON R. GONZALEZ
STREET ADDRESS	321 BIRD RD.	2.3 STREET ADDRESS	737 EAST 10 ST
CITY-ST-ZIP	MIAMI FL 33146	2.4 CITY-ST-ZIP	HIALEAH, FLA. 33010
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: X Maria C. Spinola 1/16/95 (305) 885-11-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

01B0385 CP