FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000002283 (6)**

1. Corporation Name
SOUTHERN MEDICAL TRANSIT, INC.

Principal Place of Business	Mailing Address
3916 SE 16TH PLACE CAPE CORAL FL 33904	3916 SE 16TH PLACE CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0545210 ☐ 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

TOMLINS, CHARLES D
3916 SE 16TH PLACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 607.0502 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: Charles D. Tomlins DATE: 5/13/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when filed alone)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Thomas D. Tomlins	1.2 NAME	
STREET ADDRESS	3905 Del Prado Blvd. S. #D201	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Fla. 33904	1.4 CITY-ST-ZIP	
TITLE	V. President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Judy L. Tomlins	2.2 NAME	
STREET ADDRESS	3916 S.E. 16th Pl.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Fla. 33904	2.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Charles D. Tomlins	3.2 NAME	
STREET ADDRESS	3916 S.E. 16th Pl.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Fla. 33904	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Cheryl A. Tomlins	4.2 NAME	
STREET ADDRESS	3905 Del Prado Blvd. S. #D201	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Fla. 33904	4.4 CITY-ST-ZIP	700001854797 -06/07/96--01008--008 ***225.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	06-06-96 GR

CR2E034 (12/95)

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 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: 5/13/96 (941)275-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles D. Tomlins