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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019134 (2)

1. Corporation Name

SAFE-CARE MEDICAL TRANSPORT, INC.

Principal Place of Business

3835-B PALM BEACH RD.
FT. MYERS FL 33916

Mailing Address

3835-B PALM BEACH RD.
FT. MYERS FL 33916-3727

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

07/11/1996

4. FEI Number

65-0565606

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

2. Principal Place of Business

21 2136 Alicia St

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers Fl

Zip

24 33901

Country

25

2a. Mailing Address

26 2136 Alicia St

Suite, Apt. #, etc.

27

City & State

28 Ft. Myers Fl

Zip

29 33901

Country

30

9. Name and Address of Current Registered Agent

HACK, L R
1508 SE 17TH AVE. #5
CAPE CORAL FL 33990

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

Signature of registered agent or principal officer of corporation, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEONARD, HERBERT G
STREET ADDRESS 3835-B PALM BEACH RD.
CITY-ST-ZIP FT. MYERS FL 33916

TITLE D ☐ DELETE
NAME LEONARD, EILEEN T
STREET ADDRESS 3835-B PALM BEACH RD.
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2136 Alicia St.
14 CITY-ST-ZIP Ft Myers Fl 33901

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 2136 Alicia St.
24 CITY-ST-ZIP Ft Myers Fl 33901

31 TITLE ☐ Change ☒ Addition
32 NAME D
33 STREET ADDRESS Leonard, Scott B
34 CITY-ST-ZIP 2136 Alicia St.
Ft. Myers Fl 33901

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert G. Leonard 1/10/97 941-481-9758

CR2E034 (9/96)