2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019134

Entity Name: SAFE-CARE MEDICAL TRANSPORT, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2136 ALICIA ST 1617 HENDRY ST.

FT. MYERS, FL 33901 US FT. MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

2136 ALICIA ST 1617 HENDRY ST

FT. MYERS, FL 33901 US FT. MYERS, FL 33901 US

FEI Number: 65-0565606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HACK, L R

1508 SE 17TH AVE. #5

CAPE CORAL, FL 33990 US

DESIMONE, JOSEPH
1333 MONARCH CIRCLE
NAPLES, FL 34116 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

in the State of Florida.

SIGNATURE: JOSEPH DESIMONE 03/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PRES (X) Change () Addition Name: LEONARD, HERBERT G Name: DESIMONE, JOSEPH Address: 2136 ALICIA ST Address: 1617 HENDRY ST.

 Address:
 2136 ALICIA ST
 Address:
 1617 HENDRY ST.

 City-St-Zip:
 FT MYERS, FL 33901
 City-St-Zip:
 FT MYERS, FL 34116 US

Title: DS/T (X) Delete Title: () Change () Addition Name: LEONARD, EILEEN T Name:

 Name:
 LEONARD, EILEEN T
 Name:

 Address:
 2136 ALICIA STREET
 Address:

 City-St-Zip:
 FT MYERS, FL 33901
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DESIMONE PRES 03/23/2006