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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027281 (1)

EXPRESS MED TRANSPORTATION COMPANY

Principal Place of Business		Mailing Address			f 148 inmet tig folitt geret geset dotte Abert Abert innet ibeta tibat genet eine isen			
**************************************		8770 SUNSET DR. #513						
		MIAMI FL 33173-3596			3. Date Incorporated or Qualified 04/06/1995	3a. Date o 08/06/		eport
	Tace of Business	2a. Mailing Address		···········	4. FEI Number	<u> </u>		plied For
21 3960 SW 58TH COURT		26		65-0578249			ot Applicable	
Suite, Apt. #. etc		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State		City & State	City & State		6. Election Campaign Financing	······································		
23 MIAMI FLORIDA		28	28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in	tangible tax	under s	199.032,
24 33155	25 USA	29 3	0		1	Yes N		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agei	<u></u>	
CAHEN, STEPHEN P.A.			0.	INALLIE				
	5 SUNSET DR. #75 MIFL 33143		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
PARTY.	IMI FL 30173	•	83					
			84	Crty		84	. Zip (Code
						FL °		5000
office or	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accopt the oblig	e of Florida. Such change was auf	thorized by	the corpora	poration submits this statement for the pa tion's board of directors. I hereby accep	irpose of cha the appointr	nging it nent as	s registered registered
SIGNATURE.	Signature, typed or publicationic of registered aspe	nut and the Plapp Loable (NOTE F	Registered Age	nt signature requi	ired when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	ECTOF	IS IN 12
TITLE	P	☐ D£LETE	1 1 TITLE				Change	Addition
NAME	MARTINEZ, RENE		1.2 NAME					
STREET ADDRESS	10979 SW 3RD ST. #5		1,3 STREET	1				
CHY-ST-ZIP	MIAMI FL 33143	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			- I'I	Change	Addition
TITLE NAME	MARTINEZ, LILIA		2.1 HILE 2.2 NAME			لسا	Grigings	Addition
STREET ADDRESS	10979 SW 3RD ST. #5		2.3 STREET	ADDRESS.				
DITY-ST-ZIP	MIAMI FL 33143		2 4 CITY-1	i i				
TITLE	\$	DELETE	3 1 TITLE				Change	Addition
NAME	LLEONART, LILIA		3 2 NAME					
STREET ADDRESS	7131 SW 83 CT		33 STREET	ADDRESS				
CiTy - ST - ZIP	MIAMI FL 33143	DELETE	3.4. CITY - 5	ST - ZIP			Channa	Addition
TITLE NAME	LLEONART, GERALD	□ DETECTE	4 1 TITLE 4 2 NAME			ш	Change	Addition
STREET ADDRESS	7131 SW 83 CT		4 3 STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33143		4 4 CHTY - S	1				
TITLE	VICE PRESIDENT	DELETE	5 1 TITLE				Change	Addition
NAME	VICENTE MARTINEZ		5.2 NAME					
STREET ADDRESS	3950 WEST 1ST AVENUE HIALEAH FLORIDA, 33012	1	5.3 STREET	ADDRESS				
CITY-ST-ZiP	IIIALLAITILONIDA, 33012		5.4 CITY - S	T - ZIP				
TOTLE		☐ DELETE	6.1 TITLE			LJ	Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				

14. If 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

13 if changed, or on an attachment with an address