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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000069568

1. Corporation Name

PROFESSIONAL MEDICAL TRANSPORT, INC.

## Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90042 031 \*\*\*150.00



Principal Place of Business SOI DOUGLAS FERRY RD. SOID FOUGLAS FERRY RD. SUILE, Apt. #, etc. 28
BONIFAY FL 32425    BONIFAY FL 32425
BONIFAY FL 32425    BONIFAY FL 32425
3. Design (composited of Qualified 09/05/1995   30/05/199
Day
2. Principal Place of Business   2a. Mailling Address   5. Suite, Apt. #, etc.   5. Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fee Prepared Control   Status Desired   \$8.75 Additional Fee Personal Property Tax.   Status Desired   Status Desired Desir
Suite, Apt. #, etc. Suite,
Suite, Apt. #, etc. 22 27 28 28 28 29 29 30 30 30 30 30 30 30 30 30 30 30 30 30
27   State   City & State   Country   St. Do May Be Added to Fees   City & State   Country   Zip   Country   St. This corporation owes the current year intangible   Personal Property Tax.   Yes   No   No   No   No   No   No   No   N
City & State    City & State   City & State   City & State   City & State   City & State   City & State   Country   Zip   Zi
Zip   Country   Zip   Country   Zip   Country   S. This copporation were the current year intangible   Personal Property Tax.   Yes   No
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intanglible   Personal Property Tax.   Yes   No
MONTROY, DORIS H 3001 DOUGLAS FERRY RD. BONIFAY FL 32425  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 agent, or both, in the State of Florida, Statutes the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida, Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida, Statutes the above-named corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent, and tacket the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typied or period name of registered agent and tise if applicable. (NOTE: Registered Agent agenture required when reinstating)    DATE
MONTROY, DORIS H 3001 DOUGLAS FERRY RD. BONIFAY FL 32425  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 approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, types or printed name of registered agent agent and tile if applicable.  (NOTE: Registered Agent segnature required when relatating)  DATE  12. OFFICERS AND DIRECTORS  TILE  PT  ONTROY, DORIS H  MONTROY, DORIS H  STREET ADORESS  3001 DOUGLAS FERRY RD.  1.5 STREET ADORESS  3001 DOUGLAS FERRY RD.  BRUMBAUGH, ROBERT E  3001 DOUGLAS FERRY RD.  22 ITTILE  VS  DELETE  22 ITTILE  VS  DELETE  33 STREET ADORESS  BONIFAY FL 32425  DELETE  33 STREET ADORESS  BONIFAY FL 32425  DELETE  34 CITY-ST-ZPP  OChange  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition
MONTROY, DORIS H 3001 DOUGLAS FERRY RD. BONIFAY FL 32425  82 Street Address (P.O. Box Number is Not Acceptable)  83
3001 DOUGLAS FERRY RD. BONIFAY FL 32425  82 Street Address (P.O. Box Number is Not Acceptable)  83   B4   City
BONIFAY FL 32425  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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyade or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture negatived when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PT  MONTROY, DORIS H  STREET ADDRESS  CITY. ST. ZIP  BONIFAY FL 32425  14. CITY. ST. ZIP  TITLE  VS  DELETE  1.1 TITLE  VS  CITY. ST. ZIP  BONIFAY FL 32425  1.4 CITY. ST. ZIP  TITLE  VS  DELETE  2.1 TITLE  VS  CITY. ST. ZIP  BONIFAY FL 32425  1.4 CITY. ST. ZIP  TITLE  VS  CITY. ST. ZIP  BONIFAY FL 32425  1.5 STREET ADDRESS  CITY. ST. ZIP  BONIFAY FL 32425  1.7 TITLE  Change  Addition  Addition  STREET ADDRESS  CITY. ST. ZIP  TITLE  AL CITY. ST. ZIP  AL CITY. ST. ZIP  TITLE  AL CITY. ST. ZIP  TITLE  AL CITY. ST. ZIP  TITLE  AL CITY. ST. ZIP  AL CITY. ST
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SIGNATURE   Signat
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PT DELETE 1.1 TITLE CHANGE  NONTROY, DORIS H  STREET ADDRESS  3001 DOUGLAS FERRY RD.  CITY-ST-ZIP  BRUMBAUGH, ROBERT E  STREET ADDRESS  3001. DOUGLAS FERRY RD.  CITY-ST-ZIP  BONIFAY FL 32425  CITY-ST-ZIP  TITLE  STREET ADDRESS  3001. DOUGLAS FERRY RD.  CITY-ST-ZIP  BONIFAY FL 32425  CITY-ST-ZIP  TITLE  STREET ADDRESS  3001. DOUGLAS FERRY RD.  CITY-ST-ZIP  TITLE  STREET ADDRESS  3001. DOUGLAS FERRY RD.  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  AMME  ACTY-ST-ZIP  TITLE  AMME  AL NAME  AL NAME  AL NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  AMME  AL NAME
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PT DELETE 1.1 TITLE
NAME
NAME   MONTROY, DORIS H   12 NAME   13 STREET ADDRESS   CITY-ST-ZIP   BONIFAY FL 32425   1.4 CITY-ST-ZIP   TITLE   Change   Addition   Addition   Change   CITY-ST-ZIP
STREET ADDRESS   3001 DOUGLAS FERRY RD.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP
TITLE
NAME   BRUMBAUGH, ROBERT E   22 NAME   23 STREET ADDRESS   2.4 CITY-ST-ZIP   BONIFAY FL 32425   2.4 CITY-ST-ZIP   Change   Addition   A 2 NAME   Addition   Additio
STREET ADDRESS   3001 DOUGLAS FERRY RD.   2.3 STREET ADDRESS   BONIFAY FL 32425   2.4 CITY-ST-ZIP   TITLE   Change   Addition
CITY-ST-ZIP   BONIFAY FL 32425   2.4 CITY-ST-ZIP     Change   Addition
TITLE         DELETÉ         3.1 TITLE         Change         Addition           NAME         32 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CTTY-ST-ZIP         SA. CITY-ST-ZIP         CTTY-ST-ZIP         Change         Addition           NAME         L2 NAME         ADDRESS         Addition         Addition
NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME
STREET ADDRESS
CITY-ST-ZIP     3.4. CITY-ST-ZIP     Change   Addition   Additio
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME
NAME 4. 2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
NAME 52.NAME
STREET ADDRESS 5.3 STREET ADDRESS
VIIILLI PERIOD
CHT-SI-ZI
TITLE DELETE 6.1 TITLE Change Addition

CITY-ST-ZIP · 14. I 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, with all other like empowered.