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Jan 14 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 # P96000009113 (7)

1. Corporation Name

SUNRISE MEDICAL TRANSPORTATION SERVICE, INC.

Principal Place of Business

5136 OWLS CT.
LAKE WORTH FL 33463

Mailing Address

P.O. BOX 21625
WEST PALM BEACH FL 33416-1625



3. Date Incorporated or Qualified

01/26/1996

3a. Date of Last Report

FIRST

4. FEI Number

☒ 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 1416 HOLIDAY AVE

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 21625

Suite, Apt. #, etc.

22 City & State

23 W. PALM BEACH, FL 33415

27 City & State

28 W. PALM BEACH, FL 33416

24 Zip

33415

Country

25 U.S.A.

Zip

29 33416

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SIERS, DIANE
5136 OWLS CT.
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

ROBERT LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)

1416 RANGE COURT

83

W. PALM BEACH, FLA. 33415

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 ROBERT LEWIS

01-04-97

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SALDANA, LAZARO
STREET ADDRESS 1416 HOLIDAY AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: LAZARO SALDANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-97

Date

(561) 966-5090

Daytime Phone #

CR2E034 (9/96)