2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P96000009113

Entity Name: SUNRISE MEDICAL TRANSPORTATION SERVICE, INC.

Current Principal Place of Business:

1416 HOLIDAY AVE
W. PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21625
W. PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 59-3363853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, ROBERT
1416 RANGE COURT
W. PALM BEACH, FL
LAKE WORTH, FL 33415 US

Name and Address of New Registered Agent:

LEWIS, ROBERT
1416 RANGE COURT
WEST PALM BEACH, FL 33415 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: _____ 04/29/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SALDANA, LAZARO
Address: 1416 HOLIDAY AVE.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: SALDANA, LAZARO
Address: 1416 HOLIDAY AVE.
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAZARO SALDANA P D 04/29/2003
Electronic Signature of Signing Officer or Director — Date