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May 02 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 # **P96000009927 (0)**

1. Corporation Name
ADVANCED PATIENT TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207	1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207-8549
c/o William C. Mason	c/o William C. Mason

3. Date Incorporated or Qualified: 01/31/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1301 Riverplace Blvd.
Suite, Apt. #, etc.
22 Suite 1700
City & State
23 Jacksonville, FL
Zip 24 32207 Country 25 USA

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc.
27 Suite 1700
City & State
28 Jacksonville, FL
Zip 29 32207 Country 30 USA

4. FEI Number: 59-3381444 ☐ 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

9. Name and Address of Current Registered Agent

GRANGER, HARVEY
~~1325 SAN MARCO BLVD.~~
~~SUITE 902~~
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Harvey Granger
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1700
83
84 City: Jacksonville FL 85 Zip Code: 32207

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: [signature] HARVEY GRANGER 4-23-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Parrett, Donald O.	1.2 NAME	
STREET ADDRESS	1325 San Marco Blvd., Ste 901	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Thompson, Carol C.	2.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste 1700	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Perry, Kenneth C.	3.2 NAME	
STREET ADDRESS	1325 San Marco Blvd.,Ste 901	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Perry, Linda	4.2 NAME	
STREET ADDRESS	1325 San Marco Blvd.,Ste 901	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Jackson, Rebecca B.	5.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.,Ste 1700	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] Rebecca B. Jackson Secretary 4-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904/202-4005
Area Code & Daytime Phone #

0031067