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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD. SUITE 1700
JACKSONVILLE FL 32207

C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD. SUITE 1700
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207

81 Name

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

83

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

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
NAME PARRETT, DONALD O
STREET ADDRESS 1325 SAN MARCO BLVD., STE 901
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DV
NAME THOMPSON, CAROL C
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DV
NAME PERRY, KENNETH C
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 901
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE Y
NAME PERRY, LINDA
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 901
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE S
NAME JACKSON, REBECCA B
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE *Rebecca B. Jackson* Rebecca B. Jackson 4-24-98 004/202 4005

CR2E034 (10/97)