Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## DOCUMENT # P9600009927 Mar 13, 2001 8:00 am **Secretary of State** ADVANCED PATIENT TRANSPORTATION, INC. 03-13-2001 90170 001 \*\*\*300 00 03-13-2001 90170 002 \*\*\*\*17.50 Principal Place of Business Mailing Address C/O WILLIAM C. MASON C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD. SUITE 1700 1301 RIVERPLACE BLVD. SUITE 1700 30580 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3381444 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANGER, HARVEY " 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 Street Suite 615 8. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President TITLE Delete PARRETT, DONALD O John J. Maher NAME 1801 Barrs Street, Suite 600 Jacksonville, Fc. 32204 Vice-President 1325 SAN MARCO BLVD., STE 901 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE THOMPSON, CAROL C John W. Loave NAME NAME 1301 RIVERPLACE BLVD., STE 1700 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-7IP CITY-ST-7IP TITLE TITLE PERRY, KENNETH C NAME NAME 1301 RIVERPLACE BLVD., STE 901 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-7(P CITY-ST\_ZIP Delete ☐ Addition TITLE TITLE issistant Secretar PERRY, LINDA NAME NAME Donna Sinclair cet, suite 600 1301 RIVERPLACE BLVD., STE 901 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-7IP CITY-ST-7IP Delete Addition TITLE TITLE JACKSON, REBECCA B NAME NAME 1301 RIVERPLACE BLVD., STE 1700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP ☐ Change [ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an addressibility all other like empowered. ith all other like empowered. changed, or on an attachment with an