2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000009927

1. Entity Name
ADVANCED PATIENT TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204	C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3381444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TEPPERT, LAURIE S
SVP AND GENERAL COUNSEL
1801 BARRS STREET SUITE 615
JACKSONVILLE, FL 32204

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000051711
02/16/04-80062-017 609.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHER, JOHN J
STREET ADDRESS	1801 BARRS STREET SUITE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	NORMAN, JEFFREY
STREET ADDRESS	1800 BARRS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	ST
NAME	CORRIGAN, JAMES M
STREET ADDRESS	1801 BARRS STREET SUITE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	T
NAME	SINCLAIR, DONNA
STREET ADDRESS	1801 BARRS STREET SUITE 600
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VP
NAME	PERRY, KENNETH C
STREET ADDRESS	1800 BARRS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/12/04 (904) 308-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #