


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 042 ***150.00

DOCUMENT # P96000009927 1. Entity Name ADVANCED PATIENT TRANSPORTATION, INC.					
Principal Place of Business C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204			Mailing Address C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEPPERT, LAURIE S SVP AND GENERAL COUNSEL 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHER, JOHN J 1801 BARRS STREET, SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORMAN, JEFFREY 1800 BARRS STREET JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHALEN, SCOTT 1800 BARRS STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CORRIGAN, JAMES M 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERRY, KENNETH C 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		JOHN MAHER		4-10-06 904-308-4002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	