

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90031 007 \*\*\*150.00

<b>DOCUMENT # P96000009927</b> 1. Entity Name <b>ADVANCED PATIENT TRANSPORTATION, INC.</b>					
Principal Place of Business <b>C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204</b>			Mailing Address <b>C/O LAURIE S. TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box # <b>1 Shircliff Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>c/o Laurie Teppert 2 Shircliff Way</b> Suite, Apt. #, etc. <b>Suite 600</b>			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>59-3381444</b>	
Zip <b>32204</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TEPPERT, LAURIE S SVP AND GENERAL COUNSEL 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204</b>			7. Name and Address of New Registered Agent Name <b>Laurie S. Teppert</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 Shircliff Way</b> <b>Suite 600</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>		
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 <u><i>Laurie Teppert</i></u> DATE <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHER, JOHN J 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input checked="" 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 WHALEN, SCOTT 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 1 Shircliff Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CURRAN, DANIEL 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 1 Shircliff Way <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Teppert, Laurie 2 Shircliff Way, Suite 600 Jacksonville FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORTENSEN, MARGARET 1800 BARRS STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 Shircliff Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Laurie Teppert</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/11/08</u> <small>Date Daytime Phone #</small>		