

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009927

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ADVANCED PATIENT TRANSPORTATION, INC.

## Current Principal Place of Business:

1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

2 SHIRCLIFF WAY  
SUITE 600  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-3381444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEPPERT, LAURIE S  
2 SHIRCLIFF WAY  
SUITE 600  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: WHALEN, SCOTT  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DT ( ) Delete  
Name: CURRAN, DANIEL  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DS ( ) Delete  
Name: SINCLAIR, DONNA  
Address: 2 SHIRCLIFF WAY SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DVP ( ) Delete  
Name: MORTENSEN, MARGARET  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: WHALEN, SCOTT  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change ( ) Addition  
Name: MIYAMOTO, GENE  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

Title: O (X) Change ( ) Addition  
Name: TEPPERT, LAURIE  
Address: 2 SHIRCLIFF WAY SUITE 600  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition  
Name: MORTENSEN, MARGARET  
Address: 1 SHIRCLIFF WAY  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE TEPPERT

O

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date