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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000079200 (7)

1. Corporation Name  
FLORIDA MEDICAL TRANSPORTATION, INC.

Principal Place of Business  
7331 ASHLEY SHORES CIRCLE  
LAKE WORTH FL 33467

Mailing Address  
7331 ASHLEY SHORES CIRCLE  
LAKE WORTH FL 33467-7615



3. Date Incorporated or Qualified 09/24/1996	3a. Date of Last Report
4. FEI Number 65-0703052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	PTD PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLELLA, STACEY R	12 NAME	COLELLA, STACEY R
STREET ADDRESS	5229 CEDAR LAKE ROAD, SUITE 3-17	13 STREET ADDRESS	7331 ASHLEY SHORES CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	14 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	VSD VICE PRESIDENT <input type="checkbox"/> DELETE	21 TITLE	VSD VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLELLA, CARMINE	22 NAME	COLELLA, CARMINE
STREET ADDRESS	5229 CEDAR LAKE ROAD, SUITE 3-17	23 STREET ADDRESS	7331 ASHLEY SHORES CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	24 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE	31 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	HOWARD SOIKOL
STREET ADDRESS		33 STREET ADDRESS	8521 AVENUE N
CITY-ST-ZIP		34 CITY-ST-ZIP	BROOKLYN N.Y. 11236
TITLE	<input type="checkbox"/> DELETE	41 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	ROCHILLE SOIKOL
STREET ADDRESS		43 STREET ADDRESS	8521 AVENUE N
CITY-ST-ZIP		44 CITY-ST-ZIP	BROOKLYN N.Y. 11236
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carmine Colella VSDP (561) 963-7409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)