

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # P96000079200 (7)

1. Corporation Name

FLORIDA MEDICAL TRANSPORTATION, INC.



Principal Place of Business

Mailing Address

7331 ASHLEY SHORES CIRCLE
LAKE WORTH FL 33467

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LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

65-0703052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTDP ☐ DELETE

NAME COLELLA, STACEY R
STREET ADDRESS 7331 ASHLEY SHORES CIRCLE
CITY-ST-ZIP LAKE WORTH FL

TITLE VSDV ☒ DELETE

NAME COLELLA, CARMINE
STREET ADDRESS 7331 ASHLEY SHORES CIRCLE
CITY-ST-ZIP LAKE WORTH FL

TITLE VP ☒ DELETE

NAME SOKOL, HOWARD
STREET ADDRESS 8521 AVENUE N
CITY-ST-ZIP BROOKLYN NY

TITLE VP ☒ DELETE

NAME SOKOL, ROCHELLE
STREET ADDRESS 8521 AVENUE N
CITY-ST-ZIP BROOKLYN NY

TITLE NENA NEWMAN VPDV ☐ DELETE

NAME 7787 VILLA NOVA DR. ADDITION
STREET ADDRESS BOCA RATON, FL 33433
CITY-ST-ZIP

TITLE VPSDV ☐ DELETE

NAME HAROLD KATZ ADDITION
STREET ADDRESS 524 STRATFORD LANE
CITY-ST-ZIP BOCA RATON, FL 33436

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME VPTDV
1.3 STREET ADDRESS JULIE KRAUSE
36 CHAPEL ROAD
1.4 CITY-ST-ZIP KENMORE, N.Y. 14217

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SEE # 12

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SEE # 12

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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

Stacey Colella

Harold Katz

063-9135

CR2E034 (10/97)