

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90236 021 ***150.00

DOCUMENT # P96000079200

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

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 the current year Intangible
Personal Property Tax.

Yes No

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

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

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

DELETE

TITLE VPTD
NAME KRAUSE, JULIE
STREET ADDRESS 36 CHAPEL ROAD
CITY-ST-ZIP KENMORE NY 14217

DELETE

TITLE VPDV
NAME NEWMAN, NINA
STREET ADDRESS 7787 VILLA NOVA DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

DELETE

TITLE VPDS
NAME KATZ, HAROLD
STREET ADDRESS 524 STRATFORD LANE
CITY-ST-ZIP BOYNTON BCH FL 33436

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPDV
1.2 NAME ROCKELLE SOKOL
1.3 STREET ADDRESS 8521 AVENUE N
1.4 CITY-ST-ZIP BROOKLYN NY 11236

Change Addition

2.1 TITLE VPBS
2.2 NAME HOWARD SOKOL
2.3 STREET ADDRESS 8521 AVENUE N
2.4 CITY-ST-ZIP BROOKLYN NY 11236

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0373200