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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000079274 (2)**

1. Corporation Name
BAPTIST MEDICAL TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
8900 NORTH KENDALL DRIVE MIAMI FL 33176	8900 NORTH KENDALL DRIVE MIAMI FL 33176-2118

3. Date Incorporated or Qualified: 09/24/1996
3a. Date of Last Report:

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

4. FEI Number — ✓ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~SAXON, KYLE R ESQ~~
~~1700 ALFRED I. DUPONT BUILDING~~
~~169 EAST FLAGLER STREET~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Jody Lehman, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Vice President and General Counsel
83: 8900 North Kendall Drive
84 City: Miami FL 85 Zip Code: 33174

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: Jody Lehman — 3.24.97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, ROBERT B 625 BILTMORE WAY APT. 1201 CORAL GABLES FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGESS, DONALD L 7301 S.W. 174TH STREET MIAMI FL 33157	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, EMIT O DR 5125 S.W. 149TH PLACE MIAMI FL 33185	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAILEY, RICHARD 6800 S.W. 122ND STREET MIAMI FL 33156	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, ROBERTA 9971 S.W. 144TH STREET MIAMI FL 33176	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEELEY, BRIAN E 8900 NORTH KENDALL DRIVE MIAMI FL 33176	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] 3/24/97 305-594-1848

ATTACHMENT I
to
1997 ANNUAL REPORT FOR
BAPTIST MEDICAL TRANSPORT SERVICES, INC.

#14. JAVIER HERNANDEZ-LICHTL
VICE PRESIDENT
BAPTIST MEDICAL TRANSPORT SERVICES, INC.
8900 NORTH KENDALL DRIVE
MIAMI, FL 33176