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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

8900 NORTH KENDALL DRIVE
MIAMI FL 33176

Mailing Address

8900 NORTH KENDALL DRIVE
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

APPLIED FOR 65-073254

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 6855 RED ROAD

Suite, Apt. #, etc.

26 SUITE 600

27 City & State

28 CORAL GABLES, FL

29 Zip

30 33143

Country

USA

9. Name and Address of Current Registered Agent

LEHMAN, JODY E
VICE PRESIDENT AND GENERAL COUNSEL
8900 NORTH KENDALL DR
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

LEHMAN, JODY E

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

6855 RED ROAD

83

SUITE 600

84 City

CORAL GABLES

FL

85 Zip Code

33143

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

Jody Lehman

4/1/98

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 ☐ DELETE

NAME COLE, ROBERT B
STREET ADDRESS 625 BILTMORE WAY APT. 1201
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME BURGESS, DONALD L
STREET ADDRESS 7301 S.W. 174TH STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME RAY, EMIT O DR
STREET ADDRESS 5125 S.W. 149TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE

NAME DAILEY, RICHARD
STREET ADDRESS 6800 S.W. 122ND STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ DELETE

NAME STOKES, ROBERTA
STREET ADDRESS 9971 S.W. 144TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME KEELEY, BRIAN E
STREET ADDRESS 8900 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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:

Jody Lehman

1125 P. H. ... 11/1/98 (202) 222 2222

CR2E034 (10/97)