


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

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

05-05-1999 90159 045 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000079274**

1. Corporation Name

BAPTIST MEDICAL TRANSPORT SERVICES, INC.



Principal Place of Business 8900 NORTH KENDALL DRIVE MIAMI FL 33176	Mailing Address 6855 RED RD #600 CORAL GABLES FL 33143 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/24/1996	4. FEI Number 65-0732544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent

**LEHMAN, JODY E
6855 RED RD #600
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, ROBERT B	1.2 NAME	Fred M. Messing
STREET ADDRESS	625 BILTMORE WAY APT. 1201	1.3 STREET ADDRESS	8900 N. Kendall Dr.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, DONALD L	2.2 NAME	Ralph E. Lawson
STREET ADDRESS	7301 S.W. 174TH STREET	2.3 STREET ADDRESS	8900 N. Kendall Dr.
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, EMIT O DR	3.2 NAME	Javier Hernandez-Lichtl
STREET ADDRESS	5125 S.W. 149TH PLACE	3.3 STREET ADDRESS	8900 N. Kendall Dr.
CITY-ST-ZIP	MIAMI FL 33185	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, RICHARD	4.2 NAME	
STREET ADDRESS	6600 S.W. 122ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, ROBERTA	5.2 NAME	
STREET ADDRESS	9971 S.W. 144TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELEY, BRIAN E	6.2 NAME	
STREET ADDRESS	8900 NORTH KENDALL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-5961960

Daytime Phone #

CR2E034 (11/98)