

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90037 002 ***150.00

DOCUMENT # P96000079274

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0732544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	EV			<input type="checkbox"/>
	MESSING, FRED M	6855 RED RD STE 600	MIAMI FL 33143	
	ST			<input type="checkbox"/>
	LAWSON, RALPH E	6855 RED RD STE 600	MIAMI FL 33143	
	D			<input type="checkbox"/>
	RAY, EMIT O DR	5125 S.W. 149TH PLACE	MIAMI FL 33185	
	V			<input type="checkbox"/>
	HERNANDEZ-LICHTL, JAVIER	6855 RED RD STE 600	MIAMI FL 33143	
	D			<input checked="" type="checkbox"/>
	STOKES, ROBERTA	9971 S.W. 144TH STREET	MIAMI FL 33176	
	P			<input type="checkbox"/>
	KEELEY, BRIAN E	6855 RED RD STE 600	MIAMI FL 33143	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DIRECTOR	George Cadman, III	17917 S.W. 97 Avenue	MIAMI, FL 33157	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	H. Robert Berry	9100 S. Dadeland Blvd. Suite 1200	MIAMI, FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 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 #

03/15/01

305-273-2555

CR2E034 (10/00)