

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 022 ***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

02052004

Chg-P

CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME ROSELLO, PATRICIO ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

TITLE VPST
NAME GREENLEAF, WENDRY ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

TITLE D
NAME STOKES, ROBERTA ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

TITLE CEO
NAME HERNANDEZ-LICHTL, JAVIER ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

TITLE D
NAME CADMAN, GEORGE ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

TITLE D
NAME ALONSO, TONY ☐ Delete
STREET ADDRESS 6855 RED RD STE 600
CITY-ST-ZIP MIAMI, FL 33143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

4/20/04 786-662-7111