

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90390 026 ***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**

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EV** ☒ Delete
NAME **MESSING, FRED M**
STREET ADDRESS **6855 RED RD STE 600**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VP** ☐ Change ☒ Addition
NAME **ROSELLO, PATRICIA**
STREET ADDRESS **6855 Red Rd Ste 600**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **ST** ☒ Delete
NAME **LAWSON, RALPH E**
STREET ADDRESS **6855 RED RD STE 600**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VP, S/T** ☐ Change ☒ Addition
NAME **Wendry Greenleaf**
STREET ADDRESS **6855 Red Rd Ste 600**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Roberta Stokes**
STREET ADDRESS **6855 Red Rd Ste 600**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE **CEO** ☒ Change ☐ Addition
NAME **George Cadman**
STREET ADDRESS **6855 Red Road Ste 600**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☒ Delete
NAME **BERRY, H. ROBERT**
STREET ADDRESS **9100 S DADELAND BLVD STE 1200**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☒ Addition
NAME **George Cadman**
STREET ADDRESS **6855 Red Road Ste 600**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **P** ☒ Delete
NAME **KEELEY, BRIAN E**
STREET ADDRESS **6855 RED RD STE 600**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Change ☒ Addition
NAME **Tony Alonso**
STREET ADDRESS **6855 Red Road Ste 600**
CITY-ST-ZIP **MIAMI, FL 33143**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

786-662-7022