

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000007375

1. Entity Name

HAYES MEDICAL TRANSPORT, INC.



Principal Place of Business

3884 N.E. HIGHWAY 70  
ARCADIA, FL 34266

Mailing Address

3884 N.E. HIGHWAY 70  
ARCADIA, FL 34266



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3433349

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, KAREN  
3884 N.E. HIGHWAY 70  
ARCADIA, FL 34266

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSVT  
NAME HAYES, DWAIN  
STREET ADDRESS 3884 N.E. HIGHWAY 70  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE D  
NAME HAYES, KAREN  
STREET ADDRESS 3884 N.E. HIGHWAY 70  
CITY-ST-ZIP ARCADIA, FL 34266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

U00000166202  
07/14/04-80007-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Dwain Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04 863  
993 3733  
Date  
Filing Fee