

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90401 020 \*\*\*150.00

**DOCUMENT # P97000032684**

1. Entity Name  
AMED PATROL OF FLORIDA, INC,



Principal Place of Business

21960 SW 104 CT  
APT 105  
MIAMI, FL 33190

Mailing Address

21960 SW 104 CT  
APT 105  
MIAMI, FL 33190



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0743295

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, JOSE A  
21960 SW 104 CT  
APT 105  
MIAMI, FL 33190

**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 \_\_\_\_\_ (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 PTD  
NAME BASSANINI, RENZO  
STREET ADDRESS 9000 ROYAL PALM BLVD APT E602  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VD  
NAME GARCIA, JOSE A  
STREET ADDRESS 21960 SW 104 CT APT 105  
CITY-ST-ZIP MIAMI, FL 33190

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CITY-ST-ZIP

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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: Jose A. Garcia Jose A Garcia 04/21/04 (805) 233-6362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #