FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050229 (8)

MEDICAL RESPONSE, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							- I INDENDRE HED IDEEL ROUIE OUTER OUTER OUTER O		EBIIC IIII		
780 NW 42		•	780 NW 42ND AVE								
#416		#416									
MIAMI FL :	33126	MIAM	MIAMI FL 33126				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 06/06/1997				
2. Principal P	lace of Business	2a. Mailing	Address			,	4. FEI Number		Ar.	plied For	
21		26	 				65-076763			t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
City & Stat	<u> </u>	27 City 8	City & State				- Fl 0		Fee Re		
23			28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added !	•	
Zip	Country		Zip Cou			8. This corporation owes or has paid the current year Intangible					
24	25 29 30			_	Personal Property Tax due June 30. X Yes No						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
CORDOVA, ANGEL D						81 Name					
780 NW 42ND AVE				- -	2	Street Addre	ss (P.O. Box Number is Not Acceptable	lo)			
#416				82 Street Addr			33 (F.O. BOX NUMBER IS 140) Acceptable	,			
MIAMI FL 33128			8					•		·	
				ā	4	City		1	85 Zip (
				١	٦	Oity		FL	2.10	2006	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered registered		
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere					Goot	signature required		DATE			
12.		D DIRECTORS	DELETE	13.		0/0	ADDITIONS/CHANGES TO OFFIC	ERS AND D	Change	S IN 12 Addition	
TITLE	D Cordova, Angel D		☐ DECEIE	1.1 TITLE		DIP A	ANGEL D. CORDOVA 780 N.W. 42AVE 1 MIAMI-FZ 331	<u>۔</u>	T Change	Addition	
NAME	THE REST CONTRACTOR OF THE PARTY OF THE PART						TOD NIN HZAVE 1	#416			
STREET ADDRESS	MIAMI FL 33126			1.3 STRE		DURESS	MIANI-FT 331	2/			
CITY-ST-ZIP TITLE	WINWI 1 E 00 120		DELETE	1.4 CHY 2.1 THLE		ZIP	7.1111111111111111111111111111111111111		Change	Addition	
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STREET ADDRESS				2.3 STRE		nnpree					
CITY-ST-ZIP				2.4 CITY							
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CiTY - ST - ZIP				4.4 CITY	- 51 -	ZIP					
TITLE			DELETE	5.1 TITLE					Change	Addition	
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CITY-ST-ZIP				5.4 CITY	· S1-	ZIP					
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAMI	E						
STREET ADDRESS				6.3 STRE	ET A	DORESS				1	
CITY-ST-ZIP				6.4 CITY							
14. I hereby o	certify that the information supplied w	ith this filing doe	es not qualify for	the exem	ntic	on stated in S	ection 119.07(3)(i), Florida Statutes. I f	urther certifi	v that the	information	

indicated on this annual roport or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.