

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90150 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000062228**

1. Corporation Name

**R & D MEDICAL TRANSPORT, INC.**



Principal Place of Business

**3620 NORTHWEST 22ND AVENUE  
MIAMI FL 33142**

Mailing Address

**3620 NORTHWEST 22ND AVENUE  
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/15/1998**

2. Principal Place of Business

**21 5480 W. 24 AVE**

2a. Mailing Address

**26 5480 W. 24 AVE**

4. FEI Number

**65-0850250**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22 214**

Suite, Apt. #, etc.

**27 214**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**23 MIAMI, FL**

City & State

**28 MIAMI, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

**24 33016**

Country

**25 DADE**

Zip

**29 33016**

Country

**30 DADE**

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**RODOLFO LOPEZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**5480 W. 24 AVE # 214**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33016**

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-13-99**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
NAME **LOPEZ, RODOLFO**  
STREET ADDRESS **3620 NORTHWEST 22ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 556-5134 3-13-99**

CR2E034 (11/98)