

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90227 014 \*\*\*150.00

DOCUMENT # P98000082539

1. Corporation Name

SOUTHERN MEDICAL TRANSPORTATION, INC.

Principal Place of Business  
4608 DELWOOD PARK BLVD  
PANAMA CITY BEACH FL 32408

Mailing Address  
4608 DELWOOD PARK BLVD  
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

593537035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address P.O. Box 27533

Suite, Apt. #, etc.

26 Panama City, FL 32411-7533

City & State

City & State

Zip

Country

Zip

Country

24

25

29

32411-7533

30

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, BRETT  
4608 DELWOOD PARK BLVD  
PANAMA CITY BEACH FL 32408

81 Name

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

83

84 City

FL

85 Zip Code

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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BARNETT, BRETT  
STREET ADDRESS 4608 DELWOOD PARK BLVD  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME BARNETT, NATALIE  
STREET ADDRESS 4608 DELWOOD PARK BLVD  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME WHITTLE, CRAIG  
STREET ADDRESS 2908 FAIRMONT DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME WHITTLE, JENNIFER  
STREET ADDRESS 2908 FAIRMONT DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 #

1-7-99 (850) 235-7828

0067537

CR2E034 (1/98)