


2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P98000096179		
1. Entity Name FERGUSON MEDICAL TRANSPORTATION INC		

FILED
05 JAN -4 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12065 LAKESHORE DRIVE CANAL POINT, FL 33438	Mailing Address PO BOX 277 CANAL POINT, FL 33438-0277
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11102004	REIN-P	CR2E098 (6/04)
4. FEI Number 65-0872938		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

MRS

6. Name and Address of Current Registered Agent HEFFERNAN, RICHARD L 2911 E MAIN STREET PAHOKEE, FL 33476		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$750.00
After January 1, 2005, Fee will be \$900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, JAMES 12065 LAKESHORE DRIVE CANAL POINT, FL 33438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2000437303420 12/30/04--01021--013 ***350.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, COREY 1785 DOVELAND DRIVE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HEFFERNAN, RICHARD L 2911 E MAIN ST PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: *Richard L. Heffernan* **Richard L. Heffernan**
DIRECTOR 12/28/04 561 924-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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FERGUSON MEDICAL TRANSPORTATION, INC.
P.O. BOX 277
CANAL POINT, FL 33438

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed is a check for \$350.00 to reinstate Ferguson Medical Transportation, Inc.

Our office has had several different secretaries during the year and we had no record of receiving this form so that it could be filed.

Please abate the \$400.00 penalty as we had no record of receiving the original notice.
Thank you for your cooperation in this matter.

Yours truly,



Richard L. Heffernan
Director