

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

192


FILED

05 JAN -4 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096179

1. Entity Name
FERGUSON MEDICAL TRANSPORTATION INC



Principal Place of Business
12065 LAKESHORE DRIVE
CANAL POINT, FL 33438


Mailing Address
PO BOX 277
CANAL POINT, FL 33438-0277

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



11102004 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number
65-0872938

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

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

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 \$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	D FERGUSON, COREY 1785 DOVELAND DRIVE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000437309420 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/30/04--01021--019 **\$350.00
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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12/29/04 561 924-7989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

282

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