

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0872938**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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)

U00000570020

07/13/06-80012-015 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, JAMES 12065 LAKESHORE DRIVE CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, COREY 1785 DOVELAND DRIVE PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEFFERNAN, RICHARD L 2911 E MAIN ST PAHOKEE, FL 33476
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Ferguson Pres*

Date

*7/7/06*

Daytime Phone #

*561 449-9635*