2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P99000018638

Entity Name: MED-ONE SHUTTLE, INC.

Current Principal Place of Business:

945 NORTHBROOK DR.
ORMOND BEACH, FL 32174

New Principal Place of Business:

3294 WEST STATE ROAD 40
ORMOND BEACH, FL 32174

Current Mailing Address:

945 NORTHBROOK DR.
ORMOND BEACH, FL 32174

New Mailing Address:

POST OFFICE BOX 730206
ORMOND BEACH, FL 321730206

FEI Number: 59-3546131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACK, JAMES
945 NORTHBROOK DR.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

JACK, JAMES
POST OFFICE BOX 730206
ORMOND BEACH, FL 321730206 US

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.

SIGNATURE: _____ 01/09/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACK, JAMES
Address: 945 NORTHBROOK DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: JACK, FRANCES
Address: 945 NORTHBROOK DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: WHITFIELD, PAULINE
Address: 3294 WEST SR 40
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: JACK, STEVEN
Address: 18 LAKEBLUFF DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JACK, JAMES
Address: POST OFFICE BOX 730206
City-St-Zip: ORMOND BEACH, FL 321730206

Title: VPD (X) Change ( ) Addition
Name: JACK, FRANCES
Address: POST OFFICE BOX 730206
City-St-Zip: ORMOND BEACH, FL 32173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE WHITFIELD TD 01/09/2004
Electronic Signature of Signing Officer or Director — Date