

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059624

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** STRETCHAIR PATIENT TRANSFER SYSTEMS, INC.

**Current Principal Place of Business:**

8110 ULMERTON RD.  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

8110 ULMERTON RD.  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 59-3584362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVENREICH, DAVID C  
406 S. PROSPECT AVE.  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCORDATO, EMIL  
Address: 1310 GULF BLVD., UNIT 18A  
City-St-Zip: CLEARWATER, FL 33767

Title: O/P ( ) Delete  
Name: DOUST, MICHAEL  
Address: 10745 52ND AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCORDATO, EMIL  
Address: 1960 COVE LANE  
City-St-Zip: CLEARWATER, FL 33764

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 Chapter 119, 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:** MICHAEL DOUST

O/P

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date