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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # S30805 1. Corporation Name								
AMERICAN MEDICAL TRANSPORTERS, INC.					1			
Principal Place	of Business	Mailing Address					FIEN DIŞIN BIBNI DI	<u>ś</u> ii 41611 1001
10830 CANAL S		PAST OFFICE HOX 10098		>.				
				1, 7 C		DO NOT WRITE IN THI	C CDACE	
UNIT F LARGO FL 34647 US 33777-16 35 10830 Cural				unit	3. Date Incorpora		3 3FAGE	
	٠, ١٠	Largo + 33771			02/11/1991			
	ace of Business	2a. Mailing Address			4. FEI Number 59-2938710	1	<u> </u>	Applicable
21 10830 Suite, Apt.	Curul St	Suite, Apt. #, etc.					\$8.75 A	
22 Unit F		27		5. Certifcate of S	tatus Desired 🔲	Fee Red	uired	
City & State		City & State			6. Election Camp		\$5.00	
23 Lavo		Zip	Country		Trust Fund Co		Added to	rees
Zip 24 33つ	Country 25	29 3	_ ′		8. This corporation	on owes the current year I erty Tax.		□No
24 337	9. Name and Address of Current	ــــــــــــــــــــــــــــــــــــــ				dress of New Registere	d Agent	
	(F. THEREAL LAND)		81	Name				
DRAKE, THERESA MARIE				Street Add	dress (P.O. Box Number	er is Not Acceptable)		
11633 92ND WAY N LARGO FL 33773				<u> </u>		981999 2 4 19 848 886 - 01 15 4 1359 171 171	49, 31, 31, 31, 31, 31, 31, 31, 31, 31, 31	-11 (17 -4
	10 1 5 00110		83	1			il diffe in	3 mil 3
			84	City		F	85 \ Zip C	odê" ' **
11, Pursuant	to the provisions of Sections 607.0502	rporation submits this s	tatement for the purpose	of changing its	registered			
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized by la Statutes	the corporat	tion's board of directors	s. I nereby accept the app	omunem as reg	ISIEIEU
SIGNATURE								
I	Signature, typed or printed name of registered agent OFFICERS AND		Registered Aget	nt signature requi	ADDITIONS/CH	IANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	PCEO	DELETE	1.1 TITLE		ABBITIONOID!		Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	11633 92ND WAY N		1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			E105	□ Addition
TITLE	VP	DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	ANGELINA MARIE WEIJSTER 11633 92ND WAY N	MEZIC	2.2 NAME	T ADDRESS		•		
STREET ADDRESS	LARGO FL 33773		2.3 STREE	TADDRESS		****		• [
CITY-ST-ZIP	DANGO FE COTTO	☐ DELETE	3.1 TITLE	31-24		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP	_			- La Lec
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME		,			
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS			,	ļ
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP