2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S30805

FILED Feb 13, 2008 Secretary of State

Entity Name: AMERICAN MEDICAL TRANSPORTERS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
0830 CAN JNIT B	VAL STREET			
ARGO, F	L 33777 US	3		
urrent M	lailing Addres	s:	New Maili	ng Address:
0830 CAN JNIT B	VAL STREET			
ARGO, F	L 33777 US			
El Number:	: 59-2938710	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1633 92N ARGO, F		H 3	ourpose of changing	ts registered office or registered agent, or b
		г		
n the State	e of Florida.			
	e of Florida. RE:	ic Signature of Registered Age		Date
n the State	e of Florida. RE:	ic Signature of Registered Age	ent	
n the State	e of Florida. RE: Electron S AND DIRECT	ic Signature of Registered Age FORS: Delete SA MARIE AY NORTH	ent	Date
n the State BIGNATUF DFFICERS itte: lame: ddress:	e of Florida. RE: Electron S AND DIRECT P () DRAKE, THERE 11633 92ND W/ LARGO, FL 337	ic Signature of Registered Age FORS: Delete SA MARIE AY NORTH 773 Delete ELINA M AY NORTH	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIREC
on the State CIGNATUF DFFICERS itle: lame: ddress: itly-St-Zip: lame: ddress:	e of Florida. RE: Electron S AND DIRECT P () DRAKE, THERE 11633 92ND W/ LARGO, FL 337 V () WESTER, ANGE 11633 92ND W/ LARGO, FL 337	TORS: Delete SA MARIE AY NORTH 773 Delete ELINA M AY NORTH 773 Delete SAMARIE AY NORTH	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIREC () Change () Addition V (X) Change () Addition MOORE, JACKY L 10830 CANAL STREET UNIT B

I hereby certify that the information supplied with this filing does not qualify 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: THERESA MARIE DRAKE PRES 02/13/2008