

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 13, 2008  
Secretary of State**

DOCUMENT# S30805

Entity Name: AMERICAN MEDICAL TRANSPORTERS, INC.

**Current Principal Place of Business:**

10830 CANAL STREET  
UNIT B  
LARGO, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

10830 CANAL STREET  
UNIT B  
LARGO, FL 33777 US

**New Mailing Address:**

FEI Number: 59-2938710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DRAKE, THERESA MARIE  
11633 92ND WAY NORTH  
LARGO, FL 33773 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DRAKE, THERESA MARIE  
Address: 11633 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

Title: V ( ) Delete  
Name: WESTER, ANGELINA M  
Address: 11633 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

Title: TRES ( ) Delete  
Name: DRAKE, THERESAMARIE  
Address: 11633 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

Title: SECR ( ) Delete  
Name: WESTER, ANGELINA  
Address: 11633 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

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

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

Title: V (X) Change ( ) Addition  
Name: MOORE, JACKY L  
Address: 10830 CANAL STREET UNIT B  
City-St-Zip: LARGO, FL 33777

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

Title: SECR (X) Change ( ) Addition  
Name: MOORE, JACKY L  
Address: 10830 CANAL STREET UNIT B  
City-St-Zip: LARGO, FL 33777

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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date