

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30805

FILED
Mar 21, 2009
Secretary of State

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:

6330 118TH AVE. NORTH
UNIT B
LARGO, FL 33773 US

Current Mailing Address:

10830 CANAL STREET
UNIT B
LARGO, FL 33777 US

New Mailing Address:

6330 118TH AVE. NORTH
UNIT B
LARGO, FL 33773 US

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

Election Campaign Financing Trust Fund Contribution ().

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: MOORE, JACKY L
Address: 10830 CANAL STREET UNIT B
City-St-Zip: LARGO, FL 33777

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MOORE, JACKY L
Address: 6330 118TH AVE. NORTH, UNIT B
City-St-Zip: LARGO, FL 33773

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

Title: SECR (X) Change () Addition
Name: MOORE, JACKY L
Address: 6330 118TH AVE. NORTH, UNIT B
City-St-Zip: LARGO, FL 33773

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

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date