

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30805

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** AMERICAN MEDICAL TRANSPORTERS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

12345 62ND STREET NORTH  
SUITE A  
LARGO, FL 33773 US

**Current Mailing Address:**

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

**New Mailing Address:**

12345 62ND STREET NORTH  
SUITE A  
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  
Name: DRAKE, THERESA MARIE  
Address: 11633 92ND WAY NORTH  
City-St-Zip: LARGO, FL 33773

Title: V  
Name: MOORE, JACKY L  
Address: 12345 62ND STREET N, SUITE A  
City-St-Zip: LARGO, FL 33773

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

Title: SECR  
Name: MOORE, JACKY L  
Address: 12345 62ND STREET N. SUITE A  
City-St-Zip: LARGO, FL 33773

I hereby 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 all other like empowered.

SIGNATURE: THERESA MARIE DRAKE

PRES

02/18/2010

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

\_\_\_\_\_ Date