SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON DR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S88352

(7)

	COAST MEDICAL TRANS				#
Mailing Address 6519 SHAMROCK STREET PANAMA CITY FL 32404 Mailing Address 6519 SHAMROCK STREE PANAMA CITY FL 32404				s seminesm ribs billigt billigt brillig til	es minera negas nindu mindu nindu nindu nindu 1865
2. Principal	Place of Business			3. Date incorporated or Qualified 10/21/1991	3a. Date of Last Report 02/23/1995
21	Linge of Driguilities?	28. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Suite, Api	t #, etc	Suite, Apt #, etc	. <u> </u>	59-3093301	Not Applicable
22 City & Sta	ale .	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		Crty & State		6. Election Campaign Financing	\$5.00 May Be
Zιρ	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has hability for i	ntangible tax under s. 199.032.
	9. Name and Address of Cur	rrent Registered Agent	[30]	Florida Statutes	Yes 🔀 No
LC	OPEZ, NANCY		81 Name	10. Name and Address of New Rec	gistered Agent
65	19 SHAMROCK STREET		82 Street Add		
P#	NAMA CITY FL 32404		62 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
			83		
			84 City		
11 Dura raal	Pa No.				85 Zip Code
office or i	to the provisions of Sections 607 (registered agent, or both, in the Sta	0502 and 607 1508, Florida State	ites, the above named corp	poration submits this statement for the pur ion's board of directors. Thereby accept (roose of changing its registered
anent i a	am familiar with land accept the ob-				Frank at the second of the sec
	and a to decept the op	ate of Florida. Such change was rigations of, Section 607.0505, F	londa Statules	ion's board of directors. Thereby accept (the appointment as registered
			londa Statules	Thereby heceyn	the appointment as registered
SIGNATURE	Signature typed or printed han ellof registered	Agentation days are for	Dr. Brigaried Agenting (anni regus	tho when recessing)	DATE DATE
SIGNATURE	Signature typed or printed han ellof registered	apedantes da, ascatic AND DIRECTORS	Onda Statules Nt. Registered Agent registration regis 13.	Thereby heceyn	TOTAL TOTAL
SIGNATURE 12. Tille	Signature system or product ran or of registered OFFICERS A	Agentation days are for	Onda Statutes 10. Repaired Apoctograms required. 13.	tho when recessing)	TOTAL TOTAL
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made under oath, that I am an off-cer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address. SIGNATURE: MANCY LOPEZ

BIGNATURE AND TYPHO OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-46 904-747-3641