

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morton  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAY -1 AM 9:53

**DOCUMENT # V03658 (4)**  
 1. Corporation Name  
**FAMILY MEDICAL TRANSPORT, INC.**

Principal Place of Business Mailing Address  
**50 NORTHWEST 120TH STREET NORTH MIAMI FL 33168**      **50 NORTHWEST 120TH STREET NORTH MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/30/1992**      **10/05/1994**

4. FEI Number Applied For  
**65-0310020**      Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HERNANDEZ, JOSE LUIS**  
**50 NORTHWEST 120TH STREET**  
**NORTH MIAMI FL 33168**

10. Name and Address of Now Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statute.

SIGNATURE *Jose Luis Hernandez* *Jose L Hernandez* **4/10/95**  
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, JOSE L
STREET ADDRESS	50 N.W. 120TH STREET
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	HERNANDEZ, MARIA S.
STREET ADDRESS	50 N.W. 120TH STREET
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	HERNANDEZ, MARIELA
STREET ADDRESS	50 N.W. 120TH STREET
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose Luis Hernandez* *Jose L Hernandez* **4/10/95** **(305) 757.7604**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Time) Phone #