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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **V38292** **(1)**

1. Corporation Name
GOMEZ MEDICAL TRANSPORT, INC.

Principal Place of Business	Mailing Address
301 NW 151 ST MIAMI FL 33169	301 NW 151 ST MIAMI FL 33169-6608

3. Date Incorporated or Qualified: **05/21/1992**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business
21 | 16766 N.W. 15th STREET
Suite, Apt. #, etc.
22 |
City & State
23 | PEMBROKE PINES, FL
Zip 24 | 33028 Country 25 | U.S.A.

2a. Mailing Address
26 | 16766 N.W. 15th STREET
Suite, Apt. #, etc.
27 |
City & State
28 | PEMBROKE PINES, FL
Zip 29 | 33028 Country 30 | U.S.A.

4. FEI Number: **65-0336503** ☐ Applied For ☐ 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
GOMEZ, FRANK
301 NW 151 ST
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16766 N.W. 15th STREET
83
84 City PEMBROKE PINES, **FL** 85 Zip Code 33028

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 Statutes.

SIGNATURE (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D /vp/S ☒ Change ☐ Addition
NAME	GOMEZ, FRANK	1.2 NAME	GOMEZ, FRANK
STREET ADDRESS	301 NW 151 ST	1.3 STREET ADDRESS	16766 N.W. 15th STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D ☐ DELETE	2.1 TITLE	D/P/T ☒ Change ☐ Addition
NAME	GOMEZ, MARIA B.	2.2 NAME	GOMEZ, MARIA B.
STREET ADDRESS	301 NW 151 ST	2.3 STREET ADDRESS	16766 N.W. 15th STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a director or officer 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: Frank Gomez 3/17/97 305 751-1236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230326