

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**16766 N.W. 15TH STREET
PEMBROKE PINES FL 33028
US**

Mailing Address

**16766 N.W. 15TH AVE.
PEMBROKE PINES FL 33028
US**

FILED

98 JUL 29 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOMEZ, FRANK
16766 N.W. 15TH STREET
PEMBROKE PINES FL 33028**

10. Name and Address of New 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 Statutes.

SIGNATURE

Frank Gomez Vice President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	GOMEZ, FRANK	
STREET ADDRESS	16766 N.W. 15TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GOMEZ, MARIA B.	
STREET ADDRESS	16766 N.W. 15TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	***150.00 <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	

14. I hereby 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 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: **Frank Gomez** **FRANK GOMEZ**

7-17-98

CR2E034 (5/98)

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GOMEZ MEDICAL TRANSPORT, INC.
16766 N.W. 15th STREET
PEMBROKE PINES, FL 33028

JULY 14th, 1998

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: CORPORATION ANNUAL REPORT 1998
FEI NUMBER: 65-0336503

DEAR SIR/MADAM:

AS PER YOUR REQUEST, HEREBY THIS LETTER SERVES THE PURPOSE TO INFORM YOU THAT WE DID SEND ON JANUARY 26th, 1998 THE ABOVE MENTIONED FORM ALONG WITH CHECK NO. 3806 (SEE COPIES ENCLOSED).

AT THIS TIME WE ARE SENDING YOU AGAIN ANOTHER CORPORATION ANNUAL REPORT FORM ALONG WITH CHECK NO. 4001 IN THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS AND NO CENT (\$150.00) TO COVER FILLING FEES.

PLEASE TAKE CARE OF THIS MATTER AT YOUR EARLIEST CONVINIENCE AND IF FURTHER INFORMATION MIGHT BE NEED IT DO NOT HISISTATE TO CONTACT US AT ONCE.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING ON THE ABOVE MENTIONED, I REMAIN,

SINCERELY,

FRANK A. GOMEZ
VICE-PRESIDENT



cc:
encl.