Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90060 039 ***150.00

FILED

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # V38292 GOMEZ MEDICAL TRANSPORT, INC. u laan aklaan lihan laika mala laiki ikai ista kiait alah alah alah alah bilik bilik ista Mailing Address Principal Place of Business 16766 N.W. 15TH STREET 16766 N.W. 15TH AVE. PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed : # 05/21/1992 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0336503 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 6. Election Campaign Financing City & State City & State Trust Fund Contribution 8. This corporation owes the current year intangible Country Zip Zip Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE												
Signature, typeid or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating).												
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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, with all other like empowered.

SIGNATURE: