


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V38292 |  |
| 1. Entity Name: GOMEZ MEDICAL TRANSPORT, INC. | |

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|---|---|
| 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 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|--------------------|--------------------|
| Suite, Apt #, etc. | Suite, Apt #, etc. |
|--------------------|--------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|------------------------------------|--|
| 4. FEI Number 65-0336503 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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|--|--|
| GOMEZ, FRANK 16766 N.W. 15TH STREET PEMBROKE PINES FL 33028 | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| <div style="text-align: right;">FL Zip Code</div> | |

| | |
|--|--|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| <div style="text-align: right;">FL Zip Code</div> | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVPS GOMEZ, FRANK 16766 N.W. 15TH STREET PEMBROKE PINES FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | UDDDDDD034329 02/05/04-80078-015 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT GOMEZ, MARIA B. 16766 N.W. 15TH STREET PEMBROKE PINES FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

| | |
|--|--------------------------------------|
| SIGNATURE: <u>Maria B. Gomez</u> | <u>Maria B. Gomez 2/2/04 4418414</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |