

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAR 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43238

1. Corporation Name

MEDICAL TRANSPORTATION MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

6605 N.W. 74 Ave
MIAMI FL 33166

Same

3. Date Incorporated or Qualified

6-12-92

3a. Date of Last Report

2-13-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0340549

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

10. Name and Address of New Registered Agent

MEDINA, Raul Jr.
6605 N.W. 74 Ave
MIAMI, FL 33166

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or person authorized to register agent and file this statement)

(If Not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
MEDINA, Raul Jr.
6605 N.W. 74 Ave
MIAMI FL 33166

12 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
S.
MEDINA, Rick
6605 N.W. 74 Ave
MIAMI FL 33166

13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), Florida Statutes. I further certify that the information declared 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 is not on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-888-4100

CR2E034 (9/96)