

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

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May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V49053** (4)  
1. Corporation Name  
**MEDICAL SERVICE TRANSPORTERS, INC.**



Principal Place of Business <b>3103 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>	Mailing Address <b>3103 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2001 10th Ave. N.</b> Suite, Apt. #, etc. 22 <b>Suite 2</b> City & State 23 <b>Lake Worth, Fl.</b> Zip 24 <b>33461</b>		2a. Mailing Address 26 <b>2001 10th Ave. N.</b> Suite, Apt. #, etc. 27 <b>Suite 2</b> City & State 28 <b>Lake Worth, Fl.</b> Zip 29 <b>33461</b> Country 30 <b>Palm Beach</b>		3. Date Incorporated or Qualified <b>07/06/1992</b>	4. FEI Number <b>65-0340959</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

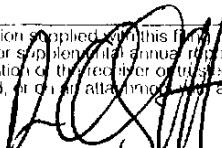
9. Name and Address of Current Registered Agent <b>WEXLER, GREGG R. 2936 FOREST HILL BLVD. WEST PALM BEACH FL 33406</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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11. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>D SCOTT, ALAN</b> <b>3103 FOREST HILL BLVD.</b> <b>WEST PLM BCH FL</b> DELETE <input type="checkbox"/>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	

14. I hereby certify that the information supplied on this form 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 registered agent or its duly 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 to an address.

SIGNATURE:



4/27/98

(561)964-5500

CR2E034 (10/97)