

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000066250

**Entity Name:** MID-ATLANTIC MEDICAL TRANSPORT INC.

**Current Principal Place of Business:**

5957 LINCOLN CIRCLE WEST  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5957 LINCOLN CIRCLE WEST  
LAKE WORTH, FL 33463

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTEFONT, HITLER  
5957 LINCOLN CIRCLE WEST  
LAKE WORTH, FL 33463 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VS  
Name ESTEFONT, GUIRLANDE I  
Address 5957 LINCOLN CIRCLE WEST  
City-State-Zip: LAKE WORTH FL 33463

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUIRLANDE I ESTEFONT

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date