

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000048487

**Entity Name:** ALEX MEDICAL TRANSPORTATION CORP.

**Current Principal Place of Business:**

721 SE 3RD PLACE  
HIALEAH, FL 33010

**Current Mailing Address:**

721 SE 3RD PLACE  
HIALEAH, FL 33010 US

**FEI Number:** 82-1711947

**Certificate of Status Desired:** No

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

PEREZ, ALISSON  
721 SE 3RD PLACE  
HIALEAH, FL 33010 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 P  
Name PEREZ, ALISSON  
Address 721 SE 3RD PLACE  
City-State-Zip: HIALEAH FL 33010

*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:** ALISSON PEREZ

**PRESIDENT**

**04/27/2018**

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

\_\_\_\_\_  
Date