

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007586

Entity Name: PROFESSIONAL MEDICAL TRANSPORTATION CORP.

Current Principal Place of Business:

7880 WEST 20 AVE
STE 28
HIALEAH, FL 33016

Current Mailing Address:

7880 WEST 20 AVE
STE 28
HIALEAH, FL 33016 US

FEI Number: 65-0649176

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PAZOS, XIOMARA
7880 WEST 20 AVE
28
HIALEAH, FL 33016 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	PT	Title	VS
Name	PAZOS, XIOMARA	Name	PAZOS, XIOMARA
Address	P. O. BOX 160338	Address	P.O. BOX 160338
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016

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: XIOMARA PAZOS

PRESIDENT

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date