

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214551543				
1.) CORPORATION NAME: BLUE RIDGE MEDICAL TRANSPORT, INC.		DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL LEON ALLEY 143 WELLS FARGO LN MAX MEADOWS, VA		SCC ID NO: 05116066				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WYTHE COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 143 WELLS FARGO LANE CITY/ST/ZIP: MAX MEADOWS, VA 24360						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: MICHAEL LEON ALLEY TITLE: P/S ADDRESS: 143 WELLS FARGO LANE CITY/ST/ZIP/CO: MAX MEADOWS, VA 24360		<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ MICHAEL LEON ALLEY	MICHAEL LEON ALLEY, P/S	11/28/2014				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						