

Project: **TRANSPORTATION OF SPECIAL NEED/DISABLED STUDENTS**

Corporation Name: MED AID SERVICES INC Tax FEIN Number: 05-0464446

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, the undersigned authority, personally appeared, MERLYN ROBERTS ("Corporate Representative") this _____ day of _____, 2005, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

<u>MERLYN ROBERTS</u>	<u>835 37TH ST, WEST PALM BEACH FL</u>	<u>100%</u>
Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage

CORPORATE REPRESENTATIVE

By: Merlyn Roberts

SWORN TO and subscribed before me this 05 day of April, 2005, by _____ Such person(s). (Notary Public must check applicable box):

[] is/are personally known to me. [] produced a current driver license(s). [] produced _____ as identification.

(NOTARY PUBLIC SEAL)



Project: **TRANSPORTATION OF SPECIAL NEED/DISABLED STUDENTS**

Corporation Name: PALM BEACH MEADOW TRANSPORTATION LLC Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, the undersigned authority, personally appeared, _____, ("Corporate Representative") this 6th day of APRIL, 2005, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

YELLOW CAB SERVICES CORPORATION OF FLORIDA, INC

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage

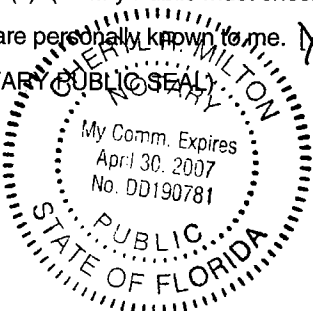
CORPORATE REPRESENTATIVE

By: [Signature]

SWORN TO and subscribed before me this 6th day of april, 2005, by James Barr. Such person(s). (Notary Public must check applicable box):

[] is/are personally known to me. [X] produced a current driver license(s). [] produced _____ as identification.

(NOTARY PUBLIC SEAL)



Cheryl R. Milton
 Notary Public
CHERYL R. MILTON
 (Print, Type or Stamp Name of Notary Public)