

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027646

FILED  
Jun 21, 2005  
Secretary of State

Entity Name: MEDICAL TRANSPORTATION SERVICES, LLC

## Current Principal Place of Business:

2801 PONCE DE LEON BLVD  
SUITE 1060  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

2801 PONCE DE LEON BLVD  
SUITE 1060  
CORAL GABLES, FL 33134 US

## New Mailing Address:

4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 US

FEI Number: 32-0037402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PEREZ, RAFAEL  
2801 PONCE DE LEON BLVD  
SUITE 1060  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PEREZ, RAFAEL  
4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 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: \_\_\_\_\_

06/21/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAFAEL, PEREZ  
Address: 2801 PONCE DE LEON BLVD, SUITE 1060  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR ( ) Delete  
Name: PEREZ, MARTINIANO J  
Address: 12224 SW 101 TERR.  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RAFAEL, PEREZ  
Address: 4000 PONCE DE LEON BLVD. SUITE 650  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, MARTINIANO J  
Address: 4000 PONCE DE LEON BLVD. SUITE 650  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTINIANO J PEREZ

MGR

06/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date