2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027646

Entity Name: MEDICAL TRANSPORTATION SERVICES, LLC

US

FILED Apr 15, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

4000 PONCE DE LEON BLVD. SUITE 650

CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 32-0037402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PEREZ, RAFAEL PEREZ, MARTINIANO J 4000 PÓNCE DE LEON BLVD. 4000 PÓNCE DE LEON BLVD. SUITE 650 SUITE 650 CORAL GABLES, FL 33146 US 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: MARTINIANO PEREZ 04/15/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

RAFAEL, PEREZ Name: Name: Address: 4000 PONCE DE LEON BLVD. SUITE 650 Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: PEREZ, MARTINIANO J Name: Address: 4000 PONCE DE LEON BLVD. SUITE 650 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PEREZ 04/15/2009