

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90106 010 ****50.00

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DOCUMENT # L02000027646

1. Entity Name
MEDICAL TRANSPORTATION SERVICES, LLC



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

32-0037402 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAFAEL, PEREZ	
STREET ADDRESS	2801 PONCE DE LEON BLVD, SUITE 1060	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Rafael Perez* **1/8/03** **305-448-3167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (10/02)