

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027646

Entity Name: MEDICAL TRANSPORTATION SERVICES, LLC

FILED
May 18, 2020
Secretary of State
4094770129CC

Current Principal Place of Business:

9100 S. DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

Current Mailing Address:

9100 S. DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 32-0037402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CFO
Name HUNTER, ROBERT ALDEN
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name MURDOCK, SARAH ANN
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name GILL, PETER MARSHALL
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title MANAGER
Name VELASCO, JR., JOSE LUIS
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title PRESIDENT
Name RODRIGUEZ, ROGER [NMN]
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title MANAGER
Name RODRIGUEZ, ROGER [NMN]
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 9100 S. DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156