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.

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L02000027646

Entity Name: MEDICAL TRANSPORTATION SERVICES, LLC

Current Principal Place of Business:

9100 S. DADELAND BOULEVARD SUITE 1250 MIAMI, FL 33156

Current Mailing Address:

9100 S DADELAND BLVD STE 1250 MIAMI, FL 33156 US

FEI Number: 32-0037402

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	MANAGER	Title	MANAGER
Name	ONORATI, ANNETTE CLARE	Name	RODRIGUEZ, ROGER
Address	9100 SOUTH DADELAND BOULEVARD	Address	9100 SOUTH DADELAND BOULEVARD
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

SIGNATURE: ROGER RODRIGUEZ MANA

ANAGER

04/10/2018 Date

FILED Apr 10, 2018 Secretary of State CC6203730557

Certificate of Status Desired: No

MANAGER