

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 09, 2016
Secretary of State
CC1841599869

Entity Name: MEDICAL TRANSPORTATION SERVICES, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON BOULEVARD
SUITE 650
CORAL GABLES, FL 33146 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	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
Title	MEMBER		
Name	UNITED HEALTHCARE SERVICES, INC.		
Address	UNITEDHEALTH GROUP CENTER 9900 BREN ROAD EAST		
City-State-Zip:	MINNETONKA MN 55343		

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: UNITED HEALTHCARE SERVICES, INC.

MEMBER

04/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date