

2019 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

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 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

03/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date