

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017913

**Entity Name:** AVIATION ONE MEDICAL TRANSPORT SERVICES LLC

**Current Principal Place of Business:**

490 DETROIT TERRACE  
SUITE 107  
DEBARY, FL 32713

**Current Mailing Address:**

490 DETROIT TERRACE  
SUITE 107  
DEBARY, FL 32713 US

**FEI Number:** 80-0368516

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARTER, CHRISTINA  
490 DETROIT TERRACE  
SUITE 107  
DEBARY, FL 32713 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 MGRM  
Name CARTER, CHRISTINA  
Address 490 DETROIT TERRACE  
SUITE 107  
City-State-Zip: DEBARY FL 32713

*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:** CHRISTINA CARTER

MGRM

04/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date