

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017913

Entity Name: AVIATION ONE MEDICAL TRANSPORT SERVICES LLC

Current Principal Place of Business:

1631 ROCK SPRINGS ROAD; SUITE 107
APOPKA, FL 32712

Current Mailing Address:

1631 ROCK SPRINGS ROAD; SUITE 107
APOPKA, FL 32712 US

FEI Number: 80-0368516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER, CHRISTINA
1631 ROCK SPRINGS ROAD; SUITE 107
APOPKA, FL 32712 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 1631 ROCK SPRINGS ROAD; SUITE
107
City-State-Zip: APOPKA FL 32712

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

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date