

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047443

**Entity Name:** TRIPLE CROWN TRANSPORT, LLC

**Current Principal Place of Business:**

2387 WEST 68 TH STREET  
HIALEAH, FL 33016

**Current Mailing Address:**

2387 WEST 68 TH STREET  
HIALEAH, FL 33016 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PHYSICIANS MEDICAL TRANSPORT  
2387 WEST 68 TH STREET  
HIALEAH, FL 33016 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:** J. MARTINEZ

05/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	MANAGING MEMBER
Name	PHYSICIANS MEDICAL TRANSPORTATION	Name	DOCTORS' MEDICAL TRANSPORT ALLIANCE
Address	1435 WEST 49 PLACE	Address	1435 WEST 49 PLACE
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** J. MARTINEZ

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05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date