

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000033670

**Entity Name:** 1ST CHOICE MEDICAL TRANSPORT, LLC

**Current Principal Place of Business:**

8044 ASPENCREST COURT  
ORLANDO, FL 32835

**Current Mailing Address:**

P.O. BOX 174  
GOTHA , FL 34734 US

**FEI Number: 46-2190916**

**Certificate of Status Desired: No**

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

WASHINGTON, TALAVA  
8044 ASPENCREST COURT  
ORLANDO, FL 32835 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            OWNER  
Name            WASHINGTON, TALAVA M.  
Address        8044 ASPENCREST COURT  
City-State-Zip: ORLANDO FL 32835

Title            MANAGER  
Name            WASHINGTON, STEVON A.  
Address        8044 ASPENCREST COURT  
City-State-Zip: ORLANDO FL 32835

*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: STEVON WASHINGTON**

**MANAGER**

**04/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date