

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000037217

Entity Name: D.R. MEDICAL RIDES OF FLORIDA LLC

Current Principal Place of Business:

4720 SALISBURY RD SUITE 216
JACKSONVILLE, FL 32256

Current Mailing Address:

4720 SALISBURY RD SUITE 216
JACKSONVILLE, FL 32256 UN

FEI Number: 46-5015029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

B&S ACCOUNTING AND TAX SERVICE LLC
4720 SALISBURY RD SUITE 229
JACKSONVILLE, FL 32256 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 MGR
Name RICHARDS, DANIEL
Address 4720 SALISBURY RD SUITE 216
City-State-Zip: JACKSONVILLE FL 32256

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: DANIEL RICHARDS

MGR

03/12/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date