

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000086517

**Entity Name:** JUST LIKE FAMILY CONCIERGE MEDICAL TRANSPORT SERVICES, LLC

**Current Principal Place of Business:**

1061 COLLIER CENTER WAY  
SUITE #1  
NAPLES, FL 34110

**Current Mailing Address:**

1061 COLLIER CENTER WAY  
SUITE #1  
NAPLES, FL 34110 US

**FEI Number:** 47-4035850

**Certificate of Status Desired:** No

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

KETCHUM, SCOTT M  
9180 GALLERIA CT.  
SUITE 400  
NAPLES, FL 34109 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:** SCOTT M KETCHUM

02/10/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name HOBAICA, PAUL J  
Address 1201 PIPER BLVD  
SUITE 24  
City-State-Zip: NAPLES FL 34110

Title AMBR  
Name PANOZZO, JEFFREY A  
Address 1201 PIPER BLVD  
SUITE 24  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name BREWSTER AMBULANCE SERVICE  
INC  
Address 25 MAIN STREET  
City-State-Zip: WEYMOUTH MA 02188

*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:** HOBAICA , PAUL J

MANAGER

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date