

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000086517

Entity Name: JUST LIKE FAMILY CONCIERGE MEDICAL TRANSPORT SERVICES, LLC**FILED**
Mar 26, 2019
Secretary of State
8482130269CC**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**03/26/2019**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	HOBICA, PAUL J
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

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

Title	MGR
Name	BACON, CHARLES
Address	1201 PIPER BLVD SUITE 24
City-State-Zip:	NAPLES FL 34110

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: PAUL HOBICA**MANAGER****03/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date