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: CHARLES L BACON MANAGER 03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000086517

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

Current Principal Place of Business:

3200 BAILEY LANE, SUITE 117 NAPLES, FL 34105

Current Mailing Address:

1201 PIPER BLVD SUITE 24 NAPLES, FL 34110 US

FEI Number: 47-4035850

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	E: SCOTT M KETCHUM			03/08/2018
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MANAGER	Title	MANAGER	
Name	HOBAICA, PAUL J	Name	PANOZZO, JEFFREY A	
Address	1201 PIPER BLVD SUITE 24	Address	1201 PIPER BLVD SUITE 24	
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	
Title	MANAGER			
Name	BACON, CHARLES L			
Address	1201 PIPER BLVD SUITE 24			
City-State-Zip:	NAPLES FL 34110			

FILED Mar 08, 2018 Secretary of State CC4843721863

Certificate of Status Desired: No

Date