

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000086517

Entity Name: JUST LIKE FAMILY CONCIERGE MEDICAL TRANSPORT SERVICES, LLC**Current Principal Place of Business:**11820 LACY LANE
FORT MYERS, FL 33966**Current Mailing Address:**11820 LACY LANE
FORT MYERS, FL 33966 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

11/05/2021

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 | 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: PAUL HOBICA

MANAGER

11/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date