

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000068255

**Entity Name:** J-MED NON-EMERGENCY TRANSPORTATION LLC

**Current Principal Place of Business:**

432 BRYANT STREET  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

432 BRYANT STREET  
ORMOND BEACH, FL 32174 US

**FEI Number:** 81-2153089

**Certificate of Status Desired:** Yes

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

WORKMAN, JOEL L  
432 BRYANT STREET  
ORMOND BEACH, FL 32174 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 WORKMAN, JOEL L  
Address 340 SITKA COURT  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name NIEDZWIECKI, ISRAEL  
Address 6054 RED STAG DR.  
City-State-Zip: PORT ORANGE FL 32128

Title MGR  
Name LITTELL, CLAYTON  
Address 103 NO NAME KEY DR.  
City-State-Zip: DELAND FL 32720

*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:** JOEL L. WORKMAN

**PRESIDENT**

**02/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date