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: ADRIEL ALVAREZ

Electronic Signature of Signing Authorized Person(s) Detail

ALVAREZ, ADRIEL 2790 SW 34TH AVE MIAMI, FL 33133 US

Name and Address of Current Registered Agent:

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

Authorized Person(s) Detail :

Title	Р	Title	CFO
Name	ALVAREZ, ADRIEL	Name	ARYAN, NATALIE
Address	2790 SW 34TH AVE	Address	2790 SW 34TH AVE
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

Current Principal Place of Business:	
2790 SW 34TH AVE	
MIAMI, FL 33133	

DOCUMENT# L16000103275

Current Mailing Address:

FEI Number: 81-2773043

2790 SW 34TH AVE MIAMI. FL 33133

Entity Name: ABOVE ALL MEDICAL TRANSPORTATION, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

PRESIDENT

03/24/2019

FILED Mar 24, 2019 Secretary of State 8562047564CC

Date

Date