

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000017508

**Entity Name:** CONCIERGE MEDICAL TRANSPORT SERVICES, LLC

**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:** 83-4146931

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOBAICA, PAUL J  
Address 1201 PIPER BLVD, SUITE 24  
City-State-Zip: NAPLES FL 34110

Title MGR  
Name PANOZZO, JEFFREY A  
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 HOBAICA

**MANAGER**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date