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.

MGR

SIGNATURE: HOBAICA, PAUL J

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

MGR	Title	MGR		
HOBAICA, PAUL J	Name	PANOZZO, JEFFREY A		
1201 PIPER BLVD, SUITE 24	Address	1201 PIPER BLVD, SUITE 24		
NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110		
	MGR HOBAICA, PAUL J 1201 PIPER BLVD, SUITE 24	MGRTitleHOBAICA, PAUL JName1201 PIPER BLVD, SUITE 24Address		

# 2020 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

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

Electronic Signature of Registered Agent

KETCHUM, SCOTT M 9180 GALLERIA CT. SUITE 400 NAPLES, FL 34109 US

### FILED Feb 13, 2020 Secretary of State 0943907826CC

Certificate of Status Desired: No

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:

itle	MGR	Title	MGR
ame	HOBAICA, PAUL J	Name	PANOZZO, JEFFREY A
ddress	1201 PIPER BLVD, SUITE 24	Address	1201 PIPER BLVD, SUITE 24
ity-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

Date

Date

02/13/2020