

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000219390

Entity Name: COASTAL CARE MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

2729 E MOODY BLVD
SUITE 105
BUNNELL, FL 32110

Current Mailing Address:

PO BOX 350382
PALM COAST, FL 32137 US

FEI Number: 83-1931186

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOGAN, MARY M
30 COUNTRY CLUB HARBOR CIR
PALM COAST, FL 32137 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 CEO
Name HOGAN, MARY M
Address 30 COUNTRY CLUB HARBOR CIR
City-State-Zip: PALM COAST FL 32137

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: MARY MELISSA HOGAN

PRESIDENT

07/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date