2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2024
Secretary of State
1901475579CC

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Entity Name: RIDE CARE MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

1 LINTON BLVD
UNIT 17
DELRAY BEACH, FL 33444

Current Mailing Address:

PO BOX 1028
212 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33443 US

FEI Number: 84-3350322

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOMOZA COVA, JEAN CARLOS
20985 SAINT ANDREWS BLVD
APT 34
BOCA RATON, FL 33433 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: RICHARD W BOWMAN JR 03/11/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBER	Title	AMBER
Name	BOWMAN, RICHARD WALKER	Name	SOMOZA COVA, JEAN CARLOS
Address	1 LINTON BLVD UNIT 17	Address	20985 SAINT ANDREWS BLVD APT 34
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	BOCA RATON FL 33433

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: RICHARD WALKER BOWMAN AMBER 03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date