

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000296918

Entity Name: DOCTOR'S CHOICE MEDICAL TRANSPORT LLC

Current Principal Place of Business:

3510 KRAFT RD
STE 200
NAPLES, AL 34105

Current Mailing Address:

3510 KRAFT RD
STE 200
NAPLES, AL 34105 US

FEI Number: 84-3847835

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CXCI LLC
3510 KRAFT RD
STE 200
NAPLES, FL 34105 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 P, MANAGER
Name BREAULT, SARA
Address 10849 ALVARA POINT DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

Title MANAGER
Name CXCI LLC
Address 3510 KRAFT RD STE 200
City-State-Zip: NAPLES FL 34105

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: THOMAS O'RIORDAN % CXCI LLC

MANAGER

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date