

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000193329

Entity Name: ALLCARE MEDICAL TRANSPORT, LLC**Current Principal Place of Business:**4751 E. MOODY BLVD
BLD 5
BUNNELL, FL 32110**Current Mailing Address:**PO BOX 350382
PALM COAST, FL 32137 US**FEI Number: 85-3487958****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOGAN, MARY M
4751 E. MOODY BLVD
BLD 5
BUNNELL, FL 32110 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 MANAGER, MANAGING MEMBER,
PRESIDENT

Name HOGAN, MARY MELISSA

Address 4751 E. MOODY BLVD
BLD 5

City-State-Zip: BUNNELL FL 32110

Title VP

Name HOGAN, TIMOTHY R

Address 4751 E. MOODY BLVD
BLD 5

City-State-Zip: BUNNELL FL 32110

Title VP

Name MOORE, JACOB BRADLEY

Address 4751 E. MOODY BLVD
BLD 5

City-State-Zip: BUNNELL FL 32110

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****02/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date