

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000193329

Entity Name: ALLCARE MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

425 ELM AVE
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
425 ELM AVE
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 MOORE, JACOB BRADLEY
Address 425 ELM AVE
City-State-Zip: BUNNELL FL 32110

Title VP
Name HOGAN, MARY M
Address 425 ELM AVE
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: JACOB BRADLEY MOORE

PRESIDENT

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date