

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000440054

**Entity Name:** PLAN B MEDICAL TRANSPORTATION LLC

**Current Principal Place of Business:**

3942 SE 9TH CT  
CAPE CORAL, FL 33904

**Current Mailing Address:**

3942 SE 9TH CT  
CAPE CORAL, FL 33904 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NELSON, EMMANUEL S  
3942 SE 9TH CT  
CAPE CORAL, FL 33904 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	MGR, PRESIDENT	Title	AUTHORIZED MEMBER, VP
Name	NELSON, EMMANUEL S	Name	DESROCHES, MARIMAY E
Address	3942 SE 9TH CT	Address	3942 SE 9TH CT
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

*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:** EMMANUEL NELSON

**PRESIDENT**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date