

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010111

**Entity Name:** MB MEDICAL TRANSPORT, LLC

**Current Principal Place of Business:**

1400 NW 107TH AVE  
SUITE 500  
MIAMI, FL 33172

**Current Mailing Address:**

1400 NW 107TH AVE  
SUITE 500  
MIAMI, FL 33172 US

**FEI Number:** 32-0513476

**Certificate of Status Desired:** No

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

THE CORPORATION TRUST COMPANY  
1200 S PINE ISLAND ROAD #250  
PLANTATION, FL 33324 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            S  
Name            GEDNEY, DANIEL  
Address        1256 MAIN STREET STE 256  
City-State-Zip: SOUTHLAKE TX 76092

*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:** DANIEL GEDNEY

S

05/17/2018

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

\_\_\_\_\_ Date