

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027646

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** MEDICAL TRANSPORTATION SERVICES, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 32-0037402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, RAFAEL  
4000 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33146 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAFAEL, PEREZ  
Address: 4000 PONCE DE LEON BLVD. SUITE 650  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR ( ) Delete  
Name: PEREZ, MARTINIANO J  
Address: 4000 PONCE DE LEON BLVD. SUITE 650  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** MARTINIANO PEREZ

MGR

01/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date