2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L06000110761

1. Entity Name

SIGNATURE:

MEDICAL TRANSPORT SERVICE, LLC



FILED Feb 19, 2008 08:00 Al Secretary of State

WEDIOAE HAROLONI SERVICE, LEC							'			_		
Principal Place of Business			Mailing	Mailing Address								
465 SW BROTHERS LANE LAKE CITY FL 32025				465 SW BROTHERS LANE LAKE CITY FL 32025								
2. Principa: Place of Business - No P.O. Box #				3. Mailing Address				HEUIIBII BII BUIIB B IIAF BB III BB 3) MB/#1 MM	III SAIII IBYIN NIIN	: 41 44 1111	
Suite, Apt.	#, etc.		Suite.	Suite, Apt. #, etc.				1st MOORE	CR2E08	33 (10/07)		
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Zip	Zip Country		Zip	Zip Gouri		try	5. Certific	ate of Status Desired		\$5.00 A	Addition	<u> </u>
	6. Name	and Address of Curren	t Registered	gistered Agent			7. Name and Address of New Registered Agent					
				7		Name				- 		
STUART, PATRICIA 4424 NW AMERICAN LANE, SUITE 101 LAKE CITY FL 32055						Street Address (P.O. Box Number is Not Acceptable)						
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	ions of regis	ly submits this statement f tered agent.			register	ed office or registr	ered agent, or	both in the State of F	fonda Far	n familiar wit	h, and	accept
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INING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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