

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000074130

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** 1ST CHOICE MEDICAL TRANSIT, LLC

**Current Principal Place of Business:**

1310 SW 1ST AVENUE  
FT. LAUDERDALE, FL 33315

**New Principal Place of Business:**

4980 SW 52 ST  
STE 102  
DAVIE, FL 33314

**Current Mailing Address:**

1310 SW 1ST AVENUE  
FT. LAUDERDALE, FL 33315

**New Mailing Address:**

4980 SW 52 ST  
STE 102  
DAVIE, FL 33314

**FEI Number:** 26-0554943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERON, FRANCIS J III  
1310 SW 1ST AVENUE  
FT. LAUDERDALE, FL 33315 US

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

HERON, FRANCIS J III  
4980 SW 52 ST  
STE 102  
DAVIE, FL 33314 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: FRANK HERON

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HERON, FRANCIS J III  
Address: 4980 SW 52 ST, STE 102  
City-St-Zip: DAVIE, FL 33314

Title: MGR  
Name: HERON, JAZMIN  
Address: 4980 SW 52 ST, STE 102  
City-St-Zip: DAVIE, FL 33314

I hereby 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: FRANK HERON

PRES

01/17/2011

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