

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115494

FILED
Feb 12, 2009
Secretary of State

Entity Name: CARE MEDICAL SERVICES TRANSPORT LLC

Current Principal Place of Business:

3520 W 18TH AVE
STE 115
HIALEAH, FL 33012

New Principal Place of Business:

4201 PALM AVE
C
HIALEAH, FL 33012

Current Mailing Address:

3520 W 18TH AVE
STE 115
HIALEAH, FL 33012

New Mailing Address:

4201 PALM AVE
C
HIALEAH, FL 33012

FEI Number: 26-2049929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAMORA, ENRIQUE
3520 W 18TH AVE
STE 115
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ZAMORA, ENRIQUE
4201 PALM AVE
C
HIALEAH, FL 33012 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: ENRIQUE ZAMORA

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAMORA, ENRIQUE
Address: 3520 W 18 AVE STE 115
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZAMORA, ENRIQUE
Address: 4201 PALM AVE SUITE C
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify 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: ENRIQUE ZAMORA

MGRM

02/12/2009

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