## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061513

Entity Name: ONE WAY NON MEDICAL TRANSPORTATION SERVICES, LLC

Apr 25, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13816 VANDERBILT RD 7429 COLUMNS CIRCLE ODESSA, FL 33556

#208

TRINITY, FL 34655

**Current Mailing Address: New Mailing Address:** 

13816 VANDERBILT RD 7429 COLUMNS CIRCLE

ODESSA, FL 33556 #208

TRINITY, FL 34655

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

FORD, BARBARA A MRS FORD, BARBARA A 13816 VANDERBILT RD 7429 COLUMNS CIRCLE ODESSA, FL 33556 #208 TRINITY, FL 34655 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: BARBARA A FORD 04/25/2011

> Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

MGRM

FORD, MICHAEL C Name:

Address: 7429 COLUMNS CIRCLE #208

City-St-Zip: TRINITY, FL 34655

Title: MGRM

Name: FORD, BARBARA A

Address: 7429 COLUMNS CIRCLE #208

City-St-Zip: TRINITY, FL 34655

Title: MGR

FORD, BRANDY M Name:

2301 AZALEA GARDEN DRIVE Address: City-St-Zip: DUNWOODY, GA 30338

Title: MGR

Name: FORD, MICHAEL A

7429 COLUMNS CIRCLE #208 Address:

City-St-Zip: TRINITY, FL 34655

Title: MGR

FORD, CRYSTAL N Name:

7429 COLUMNS CIRCLE #208 Address:

City-St-Zip: TRINITY, FL 34655

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 Statues.

SIGNATURE: BARBARA A FORD **MGRM** 04/25/2011