File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -4 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000001082

PRIORITY MED TRANS, LLC
7235 SUNSHINE DRIVE SOUTH
ST. PETERSBURG FL 33705

1a. Principal Place of Business Address

7235 SUNSHINE DRIVE SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
PO Box 37149
Suite, Apt. #, etc.
City & State
Charlotte, NC
Zip 28237-7149 | Country

3. Date Organized or Qualified: 09/29/1997

3a. State of Formation: FL

4. FEI Number: 59-3471728
☐ Applied For
☐ Not Applicable

5. Date of Last Report: —

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE , COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | Zip Code

200008252007-018
-05/12/98--01034-018
FL ****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when completing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NEILSEN, LAURA	7235 SUNSHINE DRIVE SOUTH	ST. PETERSBURG FL 33705
MGRM	KLOTZ, KEVIN	7235 SUNSHINE DRIVE SOUTH	ST. PETERSBURG FL 33705
MGRM	RAY, WILLIAM ERIC	16609 VILLALENDA DE AVILA	TAMPA, FL 33613

dlw

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: William Eric Ray 4/29/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)