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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000340305 3)))



H240003403053ABCV

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MB MEDICAL TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED

2024 OCT -9 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 OCT -9 PM 4:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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OCT 10 2024

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

H24000340305

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: MB Medical Transport, LLC

Enter new principal office address, if applicable:

**(Principal office address
MUST BE A STREET ADDRESS)**

7500 S.W. 8th Street, Ste. 400

Miami, FL 33144

Enter new mailing address, if applicable:

**(Mailing address
MAY BE A POST OFFICE BOX)**

7500 S.W. 8th Street, Ste. 400

Miami, FL 33144

2. The Florida document number of this limited liability company is: M16000010111

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 16, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MB Medical Operations, LLC

New Registered Office Address: 7500 S.W. 8th Street, Ste. 400

Enter Florida Street Address

Miami

Florida 33144

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Paul McBride, President

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H24000340305

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Changes to titles, addresses and addition of officers.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P, CEO	Paul McBride	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
CFO	Claudio Kapusta	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
COO	Douglas Johnson	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
CTO	Eric Santiago	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove
CRO	Nicholas K. Campbell	7500 S.W. 8th Street, Ste. 400	<input checked="" type="checkbox"/> Add
		Miami, FL 33144	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Paul McBride

Signature of the authorized representative

Paul McBride

Typed or printed name of signee

Filing Fee: \$25.00