

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P18000079126

**Entity Name:** RAYMOND'S HEALTHCARE TRANSPORTATION SERVICES, INC

**FILED**  
**Sep 07, 2020**  
**Secretary of State**  
**7552437106CC**

**Current Principal Place of Business:**

2624 EAST CHELSEA STREET  
TAMPA, FL 33610

**Current Mailing Address:**

2624 EAST CHELSEA STREET  
TAMPA, FL 33610 US

**FEI Number: 83-2021402**

**Certificate of Status Desired: Yes**

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

RAYMOND, NECIA  
2624 EAST CHELSEA STREET  
TAMPA, FL 33610 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            RAYMOND, NECIA  
Address        2624 EAST CHELSEA STREET  
City-State-Zip: TAMPA FL 33610

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NECIA RAYMOND**

**PRESIDENT**

**09/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date