

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106077

**Entity Name:** FOUR WAYS MEDICAL TRANSPORTATION, LLC

**Current Principal Place of Business:**

1400 NW 9TH AVE  
APT 12  
BOCA RATON, FL 33486

**Current Mailing Address:**

1400 NW 9TH AVE  
APT 12  
BOCA RATON, FL 33486 US

**FEI Number:** 46-0813246

**Certificate of Status Desired:** No

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

MOLOTIEVSKIY, VLADIMIR  
1400 NW 9TH AVE  
APT 12  
BOCA RATON, FL 33486 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:** MOLOTIEVSKIY VLADIMIR

03/07/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER  
Name MEDVID, VOLODYMYR  
Address 1400 NW 9TH AVE APT 12  
City-State-Zip: BOCA RATON FL 33486

Title OWNER  
Name MOLOTIEVSKIY, VLADIMIR  
Address 1400 NW 9TH AVE APT 12  
City-State-Zip: BOCA RATON FL 33486

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEDVID VOLODYMYR

OWNER

03/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date