

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000111395

**Entity Name:** ALL ACROSS MEDICAL TRANSPORTATION SERVICE .LLC

**Current Principal Place of Business:**

422 SW 2ND TERR  
SUITE 101  
CAPE CORAL, FL 33991

**Current Mailing Address:**

422 SW 2ND TERR  
101  
CAPE CORAL, FL 33991 US

**FEI Number:** 81-2920333

**Certificate of Status Desired:** No

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

AHMED, MOHAMED  
422 SW 2ND TERR  
101  
CAPE CORAL, FL 33991 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:** MOHAMED AHMED

03/03/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TORRES , ZENIA  
Address 422 SW 2ND TERR  
101  
City-State-Zip: CAPE CORAL FL 33991

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZENIA TORRES

MGR

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date