

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000119376

Entity Name: AFFORDABLE MEDICAL TRANSPORTATION, LLC**Current Principal Place of Business:**1072 SAWGRASS DRIVE
TARPON SPRINGS, FL 34689**Current Mailing Address:**1072 SAWGRASS DRIVE
TARPON SPRINGS, FL 34689 US**FEI Number: 81-3114085****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROOME, RALPH
1072 SAWGRASS DRIVE
TARPON SPRINGS, FL 34689 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**Authorized Person(s) Detail :**

Title	AMBR
Name	ROOME, RALPH
Address	1072 SAWGRASS DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	AMBR
Name	ROOME, LYNN
Address	1072 SAWGRASS DRIVE
City-State-Zip:	TARPON SPRINGS FL 34689

Title	AMBR
Name	JONES, JOHN B
Address	903 WINCHESTER LN
City-State-Zip:	VALRICO FL 33594

Title	AMBR
Name	ROOME, ROY
Address	10925 JUAREZ DR
City-State-Zip:	RIVERVIEW FL 33569

Title	AMBR
Name	ROOME, PEGGY
Address	10925 JUAREZ DR
City-State-Zip:	RIVERVIEW FL 33569

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: RALPH ROOME**AMBR****03/17/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date