

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000041773

**Entity Name:** A AND R NON EMERGENCY MEDICAL TRANSPORTATION SERVICE LLC

**Current Principal Place of Business:**

2140 N US HWY 1  
FORT PIERCE, FL 34946

**Current Mailing Address:**

2140 N US HWY 1  
FORT PIERCE, FL 34946 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

THOMAS, RENE A  
2140 N US HWY 1  
FORT PIERCE, FL 34946 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 MGR  
Name THOMAS, RENE A  
Address 2140 N US HWY 1  
City-State-Zip: FT.PIERCE FL 34946

*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: RENE A D THOMAS

OWNER

03/27/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date