

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000125404

Entity Name: MEDICAL TRANSPORTATION LLC

Current Principal Place of Business:

1042 BLUEWOOD TER
WESTON, FL 33327

Current Mailing Address:

1042 BLUEWOOD TER
WESTON, FL 33327 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 ORION, GRACE
Address 1042 BLUEWOOD TER
City-State-Zip: WESTON FL 33327

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: ORION,GRACE

AMBR

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date